

CANS Comprehensive/Multisystem Assessment – San Bernardino (CANS-SB) Manual

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Based on the Scoring System Developed by:

Johns S. Lyons, PhD

Endowed Research Chair in Child and Youth Mental Health
CHEO, CHEO Research Institute, and the University of Ottawa
Telephone: (613) 864-4940
Email: jlyons@uottawa.ca

Compiled by:

Multiple staff from San Bernardino County Community Based Organizations and County Departments.
Coordination of efforts by San Bernardino County Department of Behavioral Health
Contact: Timothy E. Hougen, Ph.D.
Telephone: (909) 387-7000
Email: thougen@dbh.sbcounty.gov

This version of the Child and Adolescent Needs and Strengths (i.e., CANS-San Bernardino, or CANS-SB) was developed in collaboration with several County agencies and Community-Based Organizations (CBOs) functioning within San Bernardino County.

The manual has been developed from the various CANS manuals currently established and the creation of some new items specifically targeting local needs. More specifically, the CANS-Comprehensive Multisystem Assessment was the primary manual used to create the CANS-San Bernardino. Additional versions which were reviewed and integrated into this single version include: Victor Family of Services: Comprehensive/Multi-Assessment CANS Manual 12/08, Mental Health, Massachusetts, Family Advocacy and Support Tool (FAST - Tennessee), Trauma, Child Welfare, Juvenile Justice, 0-4, and Sexual Development.

There are two sections to this CANS version: (1) A Core Section which is a mandatory segment that needs to be completed by all who administer it; and (2) a Subsection, which is optional, consisting of fourteen modules. Two of the modules are implemented based upon the age of the individual being rated (i.e., 0-5 and TAY). The remaining modules are implemented if a rating of “2” or “3” is given on a particular item in the Core Section.

The Core Section consists of all items contained in the CANS Comprehensive Multisystem Assessment version, plus five additional items indicated by “*” in the table of contents and on the score sheet. These additional items were obtained through collaboration with Laura L. Rogers, LCSW who developed the “Victor Family of Services: Comprehensive/Multi-Assessment CANS Manual 12/08” in consultation with Dr. John Lyons.

The modules were chosen through collaboration between several County agencies and CBOs. Through this collaboration, two modules were created to address the specific issues of certain populations and sites. These newly created modules are as follows:

School Module: Uniquely developed for CANS-SB through collaboration between a SELPA and DBH. Providers working almost exclusively with school based services expressed a desire to have more specific information regarding the child’s functioning at school.

Permanency Module: Uniquely developed for CANS-SB through the combined efforts of several CBOs and County agencies. Items were developed to be consistent with the “California Permanency for Youth Project (CPYP)”, a pilot project implement by Child and Family Services. CPYP focused on finding a permanent connection for foster children with at least one committed adult.

Final approval of this manual was provided by John Lyons, Ph.D.

Literary Preface/Comment regarding gender references:

Please note that wherever reference is made to gender, the female versions of pronouns is used (e.g., “she”, “her”, & “herself”) to denote both genders. This is done to facilitate the ease of reading items, and not to communicate a bias in any way.

Additionally, “child/youth” is being utilized in reference to “child”, “youth”, or “adolescent”. This is due to the broad range of ages to which this manual applies (e.g., 0-5 & TAY)

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LIFE DOMAIN FUNCTIONING

LIFE DOMAIN FUNCTIONING

This section of the CANS focuses on how the child/youth and family are doing right now in major life domains. Life domains are the different arenas in a child /youth's and family's life.

Please think about the last month (30 days) when you discuss and answer these questions

Coding Definitions

For **Need items**, the following categories and symbols are used:

- 0** indicates a dimension where there is no evidence of any needs. This may be a strength.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

Question I-1

LIFE DOMAIN		
FAMILY		
Family ideally should be defined by the child; however, in the absence of this knowledge consider biological relatives, their significant others, and other individuals in relationships with these individuals with whom the child/youth still has contact as the definition of "family", including a foster family.		
Please rate the highest level from the past 30 days .		
How does the child's/youth's family get along? Are there problems between family members? Has there ever been any violence? How is the child's/youth's family getting along right now?	Rating	
	0	Child/Youth is doing well in relationships with family members.
	1	Child/Youth is doing adequately in relationships with family members although some problems may exist. For example, some family members may have some problems in their relationships with child/youth.
	2	Child/Youth is having moderate problems with parents, siblings and/or other family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
	3	Child/Youth is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, constant arguing, etc.

NOTE: A rating of "2" or greater would result in the need for further specification of these needs through the completion of the [Family Difficulties Module](#).

LIFE DOMAIN FUNCTIONING

Question I-2

LIFE DOMAIN		
LIVING SITUATION		
This item refers to how the child/youth is functioning in their current living arrangement which could be a relative, a temporary foster home, shelter, etc. If homeless, consider the last living situation.		
Please rate the highest level from the past 30 days .		
How is the child/youth behaving and getting along with others in their current living situation?	Rating	
	0	No evidence of problem with functioning in current living environment.
	1	Mild problems with functioning in current living situation. Caregivers concerned about child's/youth's behavior in living situation.
	2	Moderate to severe problems with functioning in current living situation. Child/youth has difficulties maintaining her behavior in this setting creating significant problems for others in the residence.
	3	Profound problems with functioning in current living situation. Child/Youth is at immediate risk of being removed from living situation due to her behaviors.

Question I-3

LIFE DOMAIN		
SOCIAL FUNCTIONING		
This item refers to the child's/youth's social functioning from a developmental perspective.		
Please rate the highest level from the past 30 days .		
How well does the child/youth get along with others? Does she make new friends easily? Has she kept friends a long time or does she tend to change friends frequently? How does she get along with adults?	Rating	
	0	Child/Youth is on a healthy social development pathway.
	1	Child/Youth is having some minor problems with her social development.
	2	Child/Youth is having some moderate problems with her social development.
	3	Child/Youth is experiencing severe disruptions in her social development.

LIFE DOMAIN FUNCTIONING

Question I-4

LIFE DOMAIN		
RECREATIONAL:		
This item is intended to reflect the child/youth access to and use of leisure time activities.		
Please rate the highest level from the past 30 days .		
Does the child/youth have things that she likes to do with her free time?	Rating	
	0	No evidence of any problems with recreational functioning. Child/Youth has access sufficient activities that she enjoys.
Things that give her pleasure?	1	Child/Youth is doing adequately with recreational activities although some problems may exist.
Activities that are a positive use of her extra time?	2	Child/Youth is having moderate problems with recreational activities. Child/Youth may experience some problems with effective use of leisure time.
Does she often claim to be bored or have nothing to do?	3	Child/Youth has no access to or interest in recreational activities. Child/Youth has significant difficulties making use of leisure time.

Question I-5

LIFE DOMAIN		
DEVELOPMENTAL:		
This rating describes the child's development as compared to standard developmental milestones such as talking, walking, toileting, cooperative play, etc.		
Please rate the highest level from the past 30 days .		
Does the child's/youth's growth and development seem healthy?	Rating	
	0	Child/Youth has no developmental problems.
Has she reached appropriate developmental milestones (such as, walking, talking)?	1	Child/Youth has some problems with immaturity or there are concerns about possible developmental delay. Child/Youth may have low IQ. Child/youth may be diagnosed with Asperger's Disorder.
	2	Child/Youth has developmental delays or mild retardation.
Has anyone ever said that the child/youth may have developmental problems?	3	Child/Youth has severe and pervasive developmental delays or profound mental retardation. Child/youth may be diagnosed with Pervasive Developmental Disorder Not Otherwise Specified.

NOTE: A rating of "2" or greater would result in the need for further specification of these needs through the completion of the [Developmental Needs \(DD\) Module](#).

LIFE DOMAIN FUNCTIONING

Question I-6

LIFE DOMAIN		
JOB FUNCTIONING:		
This item rates how a youth is doing in pre-vocational and work settings (e.g., attendance, job performance, ability to interact with co-workers and supervisors). A “1” would indicate that the child/youth has some vocational skills or work experience. A “3” would indicate that the youth needs significant assistance to develop necessary skills. Plans that would help build vocational and job related skills would become an important part of a service plan for a teen.		
Please rate the highest level from the past 30 days .		
How is the child/youth doing in job and job-related functions?	Rating	
	0	No evidence of any problems in work environment.
	1	Child/youth has some mild problems work (e.g., tardiness, conflict).
Does the child/youth know what she wants to ‘be’ when she grows up?	2	Youth has problems at work
Has she ever worked?	3	Youth has severe problems at work in terms of attendance, performance or relationships. Youth may have recently lost a job.
Does she have plans to go to college or vocational school?		

Question I-7

LIFE DOMAIN		
LEGAL:		
This item indicates the youth’s level of involvement with the juvenile justice system. Family involvement with the courts is not rated here—only the identified child’s/youth’s involvement is relevant to this rating. This item uses the juvenile justice definition of delinquent behavior—where there are findings of guilt. Only legal involvement based on the youth’s behavior is rated here (not involved in the courts due to child/youth custody issues).		
Please rate the highest level from the past 30 days .		
Has your child/youth ever admitted to breaking the law?	Rating	
	0	Child/Youth has no known legal difficulties.
	1	Child/Youth has a history of legal problems but currently is not involved with the legal system.
Has she ever been arrested?	2	Child/Youth has some legal problems and is currently involved in the legal system.
Has she ever been in detained by police?	3	Child/Youth has serious current or pending legal difficulties that place her at risk for a court-ordered out-of-home placement.

LIFE DOMAIN FUNCTIONING

Question I-8

LIFE DOMAIN		
MEDICAL:		
Please rate the highest level from the past 30 days . This item rates the child's/youth's current medical status. Does the child/youth have to see a doctor regularly to treat any problems as follows: transient, treatable conditions would be rated as a '1'; most chronic conditions (e.g., diabetes, severe asthma, HIV) would be as a '2'; and the rating of '3' is reserved for life-threatening medical conditions.		
Please rate the highest level from the past 30 days .		
Is the child/youth generally healthy?	Rating	
	0	Child/Youth is healthy.
Does she have any medical problems?	1	Child/Youth has some medical problems that require medical treatment.
	2	Child/Youth has a chronic illness that requires ongoing medical intervention.
Does the child/youth have to see a doctor regularly to treat any problems (such as asthma, diabetes)?	3	Child/Youth has a life-threatening illness or medical condition.

Question I-9

LIFE DOMAIN		
PHYSICAL:		
This item measures the child's/youth's current physical limitations. Child/youth has some physical problems that require treatment, but no physical limitations, would be rated as a '1'. Most chronic conditions (e.g., diabetes, severe asthma, HIV) would be as a '2'. The rating of '3' is reserved for a disabling physical condition. Consider the impact of the physical problem on daily functioning (e.g., ability to perform the tasks of a particular job or activity).		
Please rate the highest level from the past 30 days .		
Does the child/youth have any physical limitations (such as may be caused by asthma e.g., child/youth cannot go to gym, or needs an inhaler)?	Rating	
	0	Child/Youth has no physical limitations.
	1	Child/Youth has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Rate here, treatable medical conditions that result in physical limitations (e.g., asthma).
Are there any activities the child/youth cannot do because of a physical condition?	2	Child/Youth has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
How much does this interfere with her life?	3	Child/Youth has severe physical limitations due to multiple physical conditions.

LIFE DOMAIN FUNCTIONING

Question I-10

LIFE DOMAIN		
SEXUALITY:		
This item looks at broad issues of sexual development, including sexual behavior, sexual identity, sexual concerns, and the reactions of significant others to any of these factors.		
Please rate the highest level from the past 30 days .		
Do you know whether the child/youth is sexually active?	Rating	
	0	Child/Youth has healthy sexual development.
	1	Child/Youth has some issues with sexual development but these do not interfere with her functioning in other life domains.
Is there any reason to worry about their sexual behavior?	2	Child/Youth has problems with sexual development that interfere with her functioning in other life domains.
	3	Child/Youth has severe problems with sexual development.
Has anyone ever been told that the child/youth has been part of any sexual activity?		
Or, does the child/youth have less interest/more interest in sex than other children her age?		

NOTE: A rating of “2” or greater would result in the need for further specification of these needs through the completion of the [Sexuality Module](#).

Question I-11

LIFE DOMAIN		
SLEEP:		
This item describes any problems of sleep disruption regardless of the cause, including nightmares, night terrors, sleepwalking, bed-wetting associated with awakening, staying up too late, difficulty sleeping or early awakening, etc.		
Please rate the highest level from the past 30 days .		
Does the child/youth enjoy normal sleep patterns and other periods of rest?	Rating	
	0	Child/youth gets a full night’s sleep each night.
	1	Child/youth has some problems sleeping. Generally, child/youth gets a full night’s sleep but at least once a week problems arise. This may include occasionally awakening or bed-wetting or having nightmares.
Does the child/youth experience difficulties that cause an inability to fall or stay asleep?	2	Child/youth is having problems with sleep. Sleep is often disrupted and child/youth seldom obtains a full night of sleep
	3	Child/youth is generally sleep deprived. Sleeping is difficult for the child/youth and she is not able to get a full night’s sleep.

LIFE DOMAIN FUNCTIONING

Question I-12

LIFE DOMAIN		
SCHOOL BEHAVIOR:		
This item rates the child's or youth's behavior in school or school-like settings (e.g., Head Start, pre-school). This is rated independently from attendance. Sometimes children are often truant but when they are in school they behave appropriately. If the school placement is in jeopardy due to behavior, or where the child/youth is still having problems after special efforts have been made (e.g., special education), this would be rated a "3." If the youth is no longer a student, NA is used.		
Please rate the highest level from the past 30 days.		
How is the child/youth doing in school? Has she had any problems? Has the teacher or other school personnel called anyone to talk about the child's/youth's behavior?	Rating	N/A - If youth has completed high school and is not in school
	0	Child/Youth is behaving well in school.
	1	Child/Youth is behaving adequately in school although some behavior problems exist.
	2	Child/Youth is having moderate behavioral problems at school. She is disruptive and may have received sanctions including suspensions.
	3	Child/Youth is having severe problems with behavior in school. She is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

NOTE: A rating of "2" or greater would result in the need for further specification of these needs through the completion of the [School Module](#).

Question I-13

LIFE DOMAIN		
SCHOOL ACHIEVEMENT:		
This item describes academic achievement and functioning. A child/youth having some problems with achievement and functioning would be rated a "1". A child/youth having moderate problems with achievement and failing some subjects would be rated a "2." A child/ failing most subjects or who is more than one year behind her peers would be a "3." Use developmental age instead of chronological age, if appropriate. If the youth is no longer a student, NA is used.		
Please rate the highest level from the past 30 days.		
How is the child/youth doing academically in school? Is she having difficulty with any subjects? Is she at risk of failing any classes? Of being left back?	Rating	N/A - If youth has completed high school and is not in school
	0	Child/Youth is doing well in school.
	1	Child/Youth is doing adequately in school although some problems with achievement exist.
	2	Child/Youth is having moderate problems with school achievement. She may be failing some subjects.
	3	Child/Youth is having severe achievement problems. She may be failing most subjects or more than one year behind same-age peers in school achievement.

NOTE: A rating of "2" or greater would result in the need for further specification of these needs through the completion of the [School Module](#).

LIFE DOMAIN FUNCTIONING

Question I-14

LIFE DOMAIN		
SCHOOL ATTENDANCE:		
This item assesses the degree to which the child/youth attends school regardless of the cause. Both truancy and expulsion or suspension could be rated as school attendance problems. If school is not in session, rate the last 30 days when school was in session. If the youth is no longer a student, NA is used.		
Please rate the highest level from the past 30 days .		
Has the child/youth had any difficulty with getting to or staying in school? Has the teacher or other school personnel called anyone to talk about the child's/youth's attendance?	Rating	N/A - If youth has completed high school & is not in school
	0	Child/Youth attends school regularly.
	1	Child/Youth has some problems attending school but generally goes to school. May miss up to one day per week on average OR may have had moderate to severe problem in the past six months but has been attending school regularly in the past month.
	2	Child/Youth is having problems with school attendance. She is missing at least two days each week on average.
	3	Child/Youth is generally truant or refusing to go to school.

NOTE: A rating of "2" or greater would result in the need for further specification of these needs through the completion of the [School Module](#).

CHILD STRENGTHS

CHILD/YOUTH STRENGTHS

The following section of the CANS focuses on the child's/youth's strengths — her resources and assets. These are the positive things in the child's/youth's life that can be used to help build a brighter future.

NOTE: Remember that strengths are NOT the opposite of needs. Increasing strengths while addressing behavioral/emotional needs leads to better functioning and outcomes than just focusing on the needs. Identifying areas where strengths can be built is an important element of service planning.

For **Strengths items** the following action levels are used:

- 0** indicates that this is a significant and functional strength that could become the centerpiece in service planning. For example, a child/youth with a significant interest and involvement in different sports or dance activities and who feels good about her involvement.
- 1** indicates a domain where strengths clearly exist and could become part of the service plan, but some strength building is required in order for them to serve as a focus of a strength-based plan.
- 2** indicates a domain that is a potential strength, but requires building and development to become useful to the child/youth. For example, a teen who loves animals but has no vocational interest or experience, a plan could be developed that explores combining the teen's interest to develop prevocational and vocational experience in their area of interest.
- 3** indicates a domain in which efforts are needed in order to identify potential strengths and where no strength has been identified at this time. A rating at this level would suggest that in this area the effort would be towards identifying and building strengths that can become useful to the child/youth. For example, a teen with no identified areas of vocational interest which requires planning to begin to identify possible areas of interest and educate them about different kinds of jobs.

Question II-1

CHILD/YOUTH STRENGTHS		
FAMILY:		
This item refers to the presence of a family identity and love and communication among family members. Even families who are struggling often have a bedrock of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify.		
Please rate the highest level from the past 30 days .		
How does the child/youth care about others in her family?	Rating	
	0	Family has strong relationships and excellent communication.
	1	Family has some good relationships and good communication.
	2	Family needs some assistance in developing relationships and/or communications.
Is there usually good communication?	3	Family needs significant assistance in developing relationships and communications or child/youth has no identified family.
How does the child/youth show caring for other family members?		

CHILD STRENGTHS

Question II-2

CHILD/YOUTH STRENGTHS		
INTERPERSONAL:		
This item is used to identify a child's/youth's social and relationship skills. This is rated independent of Social Development because a child/youth can have skills but be struggling in their relationships at a particular point in time. Thus this strength indicates long-standing relationship-making and maintaining skills.		
Please rate the highest level from the past 30 days .		
Do you feel that the child/youth is pleasant and likeable?	Rating	
	0	Child/Youth has well-developed interpersonal skills and friends.
	1	Child/Youth has good interpersonal skills and has shown the ability to develop healthy friendships.
Is she ever charming?	2	Child/Youth needs assistance in developing good interpersonal skills and/or healthy friendships.
Do adults or other children like her?	3	Child/Youth needs significant help in developing interpersonal skills and healthy friendships
Can the child/youth act correctly in some social settings?		

Question II-3

CHILD/YOUTH STRENGTHS		
OPTIMISM:		
This rating should be based on the child's/youth's positive sense of herself in her own future. This is intended to rate the child's/youth's positive future orientation.		
Please rate the highest level from the past 30 days .		
Does she have a generally positive outlook on things; have things to look forward to?	Rating	
	0	Child/Youth has a strong and stable optimistic outlook on her life.
	1	Child/Youth is generally optimistic.
	2	Child/Youth has difficulties maintaining a positive view of herself and her life. Child/Youth may vary from overly optimistic to overly pessimistic.
Does she have plans for the future?	3	Child/Youth has difficulties seeing any positives about herself or her life.
Is she forward-looking and seeing herself as likely to be successful?		

CHILD STRENGTHS

Question II-4

CHILD/YOUTH STRENGTHS		
EDUCATIONAL:		
This item refers to the ability of the school's ability to work well with the child/youth and family/caregivers to develop and implement an educational plan that meets child/youth's needs. Consider internal (e.g., child loves and excels in school) and external (e.g., school is an active partner) factors.		
Please rate the highest level from the past 30 days .		
Is the child's/youth's school an active partner in figuring out how to best meet the child's/youth's needs?	Rating	
	0	School works closely with child/youth and family to identify and successfully address child's/youth's educational needs OR child/youth excels in school.
	1	School works with child/youth and family to identify and address child's/youth's educational needs OR child/youth likes school.
Does the child/youth like school?	2	School currently unable to adequately address child's/youth's needs.
Has there been at least one year in which she did well in school?	3	School unable and/or unwilling to work to identify and address child's/youth's needs.
When has the child/youth been at her best in preschool/school?		

Question II-5

CHILD/YOUTH STRENGTHS		
VOCATIONAL:		
Generally this rating is reserved for youth/adolescents and is not applicable for children 12 years and under. Computer skills would be rated here.		
Please rate the highest level from the past 30 days .		
Does the child/youth know what she wants to 'be when she grows up?'	Rating	
	0	Child/Youth has vocational skills and work experience.
	1	Child/Youth has some vocational skills or work experience.
	2	Child/Youth has some prevocational skills.
Are her goals realistic?	3	Child/Youth needs significant assistance developing vocational skills.
Has she ever worked?		
Does she have plans to go to college or vocational school, or for a career?		

CHILD STRENGTHS

Question II-6

CHILD/YOUTH STRENGTHS		
TALENTS/INTERESTS:		
This item refers to hobbies, skills, artistic interests and talents that are positive ways that kids can spend time and also gives them pleasure and a positive sense of themselves, and should be based broadly on any talent, creative or artistic skill a child/youth may have including art, theatre, music, athletics, etc.		
Please rate the highest level from the past 30 days .		
What are the things that the child/youth does particularly well?	Rating	
What does she enjoy?	0	Child/Youth has a talent that provides her with pleasure and/or self-esteem.
	1	Child/Youth has a talent, interest, or hobby with the potential to provide her with pleasure and self-esteem.
	2	Child/Youth has identified interests but needs assistance converting those interests into a talent or hobby.
	3	Child/Youth has no identified talents, interests or hobbies.

Question II-7

CHILD/YOUTH STRENGTHS		
SPIRITUAL/RELIGIOUS:		
This item refers to the child's/youth's (and family's) experience of receiving comfort and support from religious or spiritual involvement. A "0" on this item indicates that the child's/youth's and families' spiritual/religious beliefs and practices are a comfort and significant source of support. For example, a child/youth who is very involved in her church youth group and gives her a source of belonging and in which she has many friends.		
Please rate the highest level from the past 30 days .		
Is the child/youth involved with any religious community?	Rating	
Does the child/youth have spiritual beliefs that provide comfort or support?	0	Child/Youth receives comfort and support from religious and/or spiritual beliefs and practices.
	1	Child/Youth is involved in a religious community whose members provide support.
	2	Child/Youth has expressed some interest in religious or spiritual belief and practices.
	3	Child/Youth has no identified religious or spiritual beliefs nor interest in these pursuits.

CHILD STRENGTHS

Question II-8

CHILD/YOUTH STRENGTHS		
COMMUNITY LIFE:		
This item reflects the youth's connection to their community. Kids with a sense of belonging and a stake in their community do better than kids who do not. Children who have moved a lot or who have been in multiple foster care settings may have lost this sense of connection to community life and so might be rated a "3".		
Please rate the highest level from the past 30 days .		
Are the child/youth and family active in a community?	Rating	
	0	Child/Youth is well-integrated into her community. She is a member of community organizations and has positive ties to the community.
Is she a member of a community organization or group?	1	Child/Youth is somewhat involved with her community.
	2	Child/Youth has an identified community but has only limited ties to that community.
Is the family a part of a community?	3	Child/Youth has no identified community to which she is a member.
Are there things that the child/youth does in her community?		

Question II-9

CHILD/YOUTH STRENGTHS		
RELATIONSHIP PERMANENCE:		
This rating refers to the stability of significant relationships in the child's or youth's life. This likely includes family members, but may also include other individuals.		
Please rate the highest level from the past 30 days .		
Does the child/youth have relationships with adults that have lasted her lifetime?	Rating	
	0	This level indicates a child/youth who has very stable relationships. Family members, friends, and community have been stable for most of her life and are likely to remain so in the foreseeable future. Child/Youth is involved with both parents.
Is she in contact with both parents?	1	This level indicates a child/youth who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.
Are there relatives in the child's/youth's life with whom she has long-lasting relationships?	2	This level indicates a child/youth who has had at least one stable relationship over her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.
	3	This level indicates a child/youth who does not have any stability in relationships. Independent living or adoption must be considered.

NOTE: A rating of "2" or greater would result in the need for further specification of these strengths through the completion of the [Permanency Module](#).

CHILD STRENGTHS

Question II-10

CHILD/YOUTH STRENGTHS		
WELL-BEING:		
This rating should be based on the psychological strengths that the child/youth might have developed, including both the ability to enjoy positive life experiences and manage negative life experiences. This should be rated independent of the child's/youth's current level of distress.		
Please rate the highest level from the past 30 days .		
How does the child/ youth deal with difficult or stressful situations?	Rating	
What positive happy life experiences does the child/youth enjoy? Is the child/youth happy?	0	This level indicates a child/youth with exceptional psychological strengths. Both coping and savoring skills are well-developed.
	1	This level indicates a child/youth with good psychological strengths. The person has solid coping skills for managing distress or solid savoring skills for enjoying pleasurable events.
	2	This level indicates a child/youth with limited psychological strengths. For example, a person with very low self-esteem would be rated here.
	3	This level indicates a child/youth with no known or identifiable psychological strengths. This may be due to intellectual impairment or serious psychiatric disorders.

Question II-11

CHILD/YOUTH STRENGTHS		
RESILIENCY:		
This item describes the child's/youth's ability to recognize her internal strengths and use them to promote healthy development and manage their lives. A child/youth who plays the guitar and uses the practice to help her deal with stress is an example. Another example is a child/youth who is very interested in art and is pursuing a career in graphics art.		
Please rate the highest level from the past 30 days .		
Does the child/youth recognize her internal strengths?	Rating	
Does she use this strength to cope? Does she use this strength to help themselves develop and/or lead a healthy lifestyle?	0	This level indicates an individual who is able to both identify and use internal strengths to better themselves and successfully manage difficult challenges.
	1	This level indicates an individual who is able to identify her internal strengths and is able to partially utilize them.
	2	This level indicates an individual who is able to identify internal strengths but is not able to utilize them effectively.
	3	This level indicates an individual who is not yet able to identify internal personal strengths.

CHILD STRENGTHS

Question II-12

CHILD/YOUTH STRENGTHS		
RESOURCEFULNESS:		
This item describes the child's/youth's ability to recognize her external (environmental) strengths and use them to promote healthy development. A child/youth who seeks out a coach for counsel would be an example. Or a child/youth who uses her church group for support would be another example.		
Please rate the highest level from the past 30 days .		
Is the child/youth aware of these strengths?	Rating	
	0	Child/Youth is quite skilled at finding the necessary resources required to aid her in managing challenges.
Is she creative about finding people or things in her environment that help her cope or lead a healthy life style?	1	Child/Youth is somewhat skilled at finding necessary resources required to aid her in a healthy lifestyle but sometimes requires assistance at identifying or accessing these resources.
	2	Child/Youth has limited skills at finding necessary resources required to aid in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources.
	3	Child/Youth has no skills at finding the necessary resources to aid in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing these resources.

ACCULTURATION

ACCULTURATION

The following section of the CANS focuses on key elements of acculturation which may impact the means by which services are provided (e.g., language utilized), indicate a strength which may be built upon (e.g., Strong sense of cultural identity or access to cultural rituals), or a need that needs to be addressed (e.g., limited access to cultural rituals).

NOTE: Remember the cultural context of a child/youth is taken into consideration when rating all items on the CANS.

Please think about the last month (30 days) when you discuss and answer these questions.

Coding Definitions

For **Need items**, the following categories and symbols are used:

- 0** indicates a dimension where there is no evidence of any needs. This may be a strength.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

Question III-1

ACCULTURATION		
LANGUAGE:		
This item includes both spoken and sign language. This item looks at whether the child/youth and family need help in communicating with you or others in their world. The focus is on the child/youth and/or family's ability to access services. In immigrant families, the child(ren) often becomes the translator. While in some instances, this might work well, it may become a burden on the child/youth, or the family, say in a juvenile justice situation might not translate accurately, and so assessing this item depends on the particular circumstances.		
Please rate the highest level from the past 30 days .		
Does the child/youth or significant family members have any difficulty communicating (either because English is not their first language, or due to another communication issue such as the need to use/learn sign language)?	Rating	
	0	Child/Youth and family speak English well.
	1	Child/Youth and family speak some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.
	2	Child/Youth and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention but qualified individual can be identified within natural supports.
	3	Child/Youth and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention and no such individual is available from among natural supports.

ACCULTURATION

Question III-2

ACCULTURATION		
IDENTITY:		
Cultural identity refers to the child's/youth's view of herself as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography or lifestyle. NOTE: This item is intended to include the impact, if any, of one's sexual orientation upon cultural identity		
Please rate the highest level from the past 30 days .		
Do the child/youth and family have a sense of belonging to a specific cultural group?	Rating	
	0	Child/Youth has clear and consistent cultural identity and is connected to others who share her cultural identity.
	1	Child/Youth is experiencing some confusion or concern regarding cultural identity.
Does the child/youth have role models, friends and community who share her sense of culture?	2	Child/Youth has significant struggles with her own cultural identity. Child/Youth may have cultural identity but is not connected with others who share this culture.
	3	Child/Youth has no cultural identity or is experiencing significant problems due to conflict regarding her cultural identity.

Question III-3

ACCULTURATION		
RITUAL:		
Cultural rituals are activities and traditions that are culturally "including" the celebration of culturally specific holidays such as Kwanza, Cinco de Mayo, etc. Rituals also may include daily activities that are culturally specific (e.g., praying toward Mecca at specific times, eating a specific diet, access to media). Please rate the highest level from the past 30 days .		
Does the child/youth celebrate culturally-specific and/or religious holidays?	Rating	
	0	Child/Youth and family are consistently able to practice rituals consistent with their cultural identity.
-with her family?	1	Child/Youth and family are generally able to practice rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these rituals.
-independent of her family?	2	Child/Youth and family experience significant barriers and are sometimes prevented from practicing rituals consistent with their cultural identity.
	3	Child/Youth and family are unable to practice rituals consistent with their cultural identity.

ACCULTURATION

Question III-4

ACCULTURATION		
CULTURAL STRESS:		
Cultural stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual's own cultural identity and the predominant culture in which she lives. This need reflects things such as racism, discrimination, or harassment because of sexual orientation or appearance or background.		
Please rate the highest level from the past 30 days .		
Does the child/youth have a different cultural framework than her primary caregiver?	Rating	
	0	No evidence of stress between individual's cultural identity and current living situation.
	1	Some mild or occasional stress resulting from friction between the individual's cultural identity and her current living situation.
Does the child/youth experience feelings of distress as a result of this living arrangement?	2	Individual is experiencing cultural stress that is causing problems of functioning in at least one life domain.
Does the child/youth feel discriminated against?	3	Individual is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances.

CAREGIVER NEEDS & STRENGTHS

In general, we recommend that you rate the caregiver or caregivers with whom the child/youth is currently living. If the child/youth has been placed temporarily, then focus on the caregiver to whom the child/youth will be returned. If it is a long-term foster care placement, then rate that caregiver(s).

However, if the child/youth is currently in a congregate care setting, such as a hospital, shelter, group home, or residential treatment center then it may be more appropriate to rate the community caregivers where the child/youth will be placed upon discharge from congregate care. If there is NO community caregiver, this section might need to be left blank.

In situations where there are multiple caregivers, we recommend making the ratings based on the needs of the set of caregivers as they affect the child/youth. For example, the supervision capacity of a father who is uninvolved in monitoring and discipline may not be relevant to the ratings. Alternatively, if the father is responsible for the children because he works the first shift and the mother works the second shift then his skills should be factored into the ratings of Supervision. Consider the caregiver (s) ability to care for this specific child/youth.

Please think about the last month (30 days) when you discuss and answer these questions.

Coding Definitions

- 0** indicates a dimension where there is no evidence of any needs. This may be a strength.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

Question IV-1

CAREGIVER NEEDS & STRENGTHS		
SUPERVISION:		
This item refers to the caregiver's ability to provide monitoring and discipline to the rated child/youth. Discipline is defined in the broadest sense as all of the things that parents/caregivers can do to promote positive behavior with their children. A mother who reports frequent arguments with her teenage son, who is not following house rules, is staying out all night and who may be using drugs or alcohol may be rated a "2."		
Please rate the highest level from the past 30 days .		
How does the caregiver feel about her ability to keep an eye on and discipline the child/youths/children? Does the caregiver think that he/she might need some help with these issues?	Rating	
	0	Caregiver has good monitoring and discipline skills.
	1	Caregiver provides generally adequate supervision. May need occasional help or technical assistance.
	2	Caregiver reports difficulties monitoring and/or disciplining child/youth. Caregiver needs assistance to improve supervision skills.
	3	Caregiver is unable to monitor or discipline the child/youth. Caregiver requires immediate and continuing assistance. Child/Youth is at risk of harm due to absence of supervision.

CAREGIVER NEEDS & STRENGTHS

Question IV-2

CAREGIVER NEEDS & STRENGTHS		
INVOLVEMENT:		
This item refers to the degree to which the caregiver is actively involved in being a parent/caregiver, and should be based on the level of involvement the caregiver(s) has in planning and provision of mental health and related services.		
Please rate the highest level from the past 30 days .		
How does the caregiver feel about being involved in services for the child/youth?	Rating	
	0	Caregiver is able to act as an effective advocate for child/youth.
	1	Caregiver has history of seeking help for their children. Caregiver is open to receiving support, education, and information.
	2	Caregiver does not wish to participate in services and/or interventions intended to assist their child/youth.
Does the caregiver feel comfortable being an advocate?	3	Caregiver wishes for child/youth to be removed from their care.

Question IV-3

CAREGIVER NEEDS & STRENGTHS		
KNOWLEDGE:		
This rating should be based on caregiver's knowledge of the specific strengths of the child/youth and any problems experienced by the child/youth and their ability to understand the rationale for the treatment or management of these problems. This includes knowledge of service options.		
Please rate the highest level from the past 30 days .		
Does the caregiver feel comfortable with what he/she knows about the child's/youth's needs?	Rating	
	0	Caregiver is knowledgeable about the child's/youth's needs and strengths.
	1	Caregiver is generally knowledgeable about the child/youth but may require additional information to improve their capacity of parent.
	2	Caregiver has clear need for information to improve how knowledgeable they are about the child/youth. Current lack of information is interfering with their ability to parent.
Have professionals told the caregiver things about the child/youth that the caregiver didn't know what they were trying to say?	3	Caregiver has little or no knowledge of problems that place the child/youth at risk of significant negative outcomes.

CAREGIVER NEEDS & STRENGTHS

Question IV-4

CAREGIVER NEEDS & STRENGTHS		
ORGANIZATION:		
This rating should be based on the ability of the caregiver to participate in or direct the organization of the household, services, and related activities.		
Please rate the highest level from the past 30 days .		
Does the caregiver think that she needs or wants help with managing the home?	Rating	
	0	Caregiver is well organized and efficient.
	1	Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
Does the caregiver have difficulty getting to appointments and/or managing a schedule?	2	Caregiver has moderate difficulty organizing and maintaining household to support needed services.
	3	Caregiver is unable to organize household to support needed services. Environment is not sufficiently clean and organized to meet the needs of the child/youth.

Question IV-5vb

CAREGIVER NEEDS & STRENGTHS		
SOCIAL RESOURCES:		
This rating refers to the financial and social assets (extended family) and resources that the caregiver(s) can bring to bear in addressing the multiple needs of the child/youth and family.		
Please rate the highest level from the past 30 days .		
Does the caregiver have enough of what she needs to take care of the family's needs?	Rating	
	0	Caregiver has significant family and friend social network that actively helps with raising the child/youth (e.g., child rearing).
	1	Caregiver has some family or friend social network that actively help with raising the child/youth (e.g., child rearing).
Does the caretaker have family members or friends who can help her when she needs it?	2	Caregiver has some family or friend social network that may be able to help with raising the child/youth (e.g., child rearing).
	3	Caregiver has no family or social network that may be able to help with raising the child/youth (e.g., child rearing).

Question IV-6

CAREGIVER NEEDS & STRENGTHS		
RESIDENTIAL STABILITY:		
This dimension rates the caregivers' current and likely future housing circumstances.		
Please rate the highest level from the past 30 days .		
Is the caretaker's current housing situation stable?	Rating	
	0	Caregiver has stable housing for the foreseeable future.
	1	Caregiver has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.
Does the caretaker have any concerns that she might have to move in the near future?	2	Caregiver has moved multiple times in the past year. Housing is unstable.
Has the caretaker lost her housing?	3	Caregiver has experienced periods of homelessness in the past six months.

CAREGIVER NEEDS & STRENGTHS

Question IV-7

CAREGIVER NEEDS & STRENGTHS		
PHYSICAL:		
Physical health includes medical and physical challenges faced by the caregiver(s) as it relates to his/her ability to parent this specific child/youth (taking into consideration the age and/or developmental level of the child/youth).		
Please rate the highest level from the past 30 days .		
How is the caretaker's health?	Rating	
	0	Caregiver is generally healthy.
	1	Caregiver is in recovery from medical/physical problems.
Does the caretaker have any health problems that make it hard for her to take care of the family?	2	Caregiver has medical/physical problems that interfere with the capacity to parent.
Does anyone else in the family have serious physical/ medical needs and/or limitations?	3	Caregiver has medical/physical problems that make it impossible to parent at this time.
Does the caretaker help care for them?		

Question IV-8

CAREGIVER NEEDS & STRENGTHS		
MENTAL HEALTH:		
This item refers to the caregiver's mental health status. Serious mental illness would be rated as a '2' or '3' unless the individual is in recovery.		
Please rate the highest level from the past 30 days .		
Does the caretaker have any mental health needs that make parenting more difficult?	Rating	
	0	Caregiver has no mental health needs.
	1	Caregiver is in recovery from mental health difficulties.
Does anyone else in the family have serious mental health needs?	2	Caregiver has some mental health difficulties that interfere with the capacity to parent.
Does the caretaker help care for them?	3	Caregiver has mental health difficulties that make it impossible to parent at this time.

CAREGIVER NEEDS & STRENGTHS

Question IV-9

CAREGIVER NEEDS & STRENGTHS		
SUBSTANCE USE:		
This item rates the caregiver's pattern of alcohol and/or drug use. Substance-related disorders would be rated as a '2' or '3' unless the individual is in recovery.		
Please rate the highest level from the past 30 days .		
Does the caretaker have any substance abuse needs that make parenting more difficult?	Rating	
	0	Caregiver has no substance use needs.
	1	Caregiver is in recovery from substance use difficulties.
	2	Caregiver has some substance use difficulties that interfere with the capacity to parent.
Does anyone else in the family have serious substance abuse needs?	3	Caregiver has substance use difficulties that make it impossible to parent at this time.
Does the caretaker help care for them?		

Question IV-10:

CAREGIVER NEEDS & STRENGTHS		
DEVELOPMENTAL:		
This item describes the caregiver's developmental status in terms of low IQ, mental retardation or other developmental disabilities.		
Please rate the highest level from the past 30 days .		
Has anyone ever told the caretaker that she may have developmental problems that makes parenting/caring for the child/youth more difficult?	Rating	
	0	Caregiver has no developmental needs.
	1	Caregiver has developmental challenges but they do not currently interfere with parenting.
	2	Caregiver has developmental challenges that interfere with the capacity to parent.
	3	Caregiver has severe developmental challenges that make it impossible to parent at this time.

Question IV-11

CAREGIVER NEEDS & STRENGTHS		
SAFETY:		
This rating refers to the safety of the assessed child/youth. It does not refer to the safety of other family or household members based on any danger presented by the assessed child/youth.		
Please rate the highest level from the past 30 days .		
Has the Department of Children & Family Services ever been involved with the caretaker's family?	Rating	
	0	Household is safe and secure. Child/Youth is at no risk from others.
	1	Household is safe but concerns exist about the safety of the child/youth due to history or others in the neighborhood who might be abusive.
Is there any current concern about safety from a child protection perspective?	2	Child/Youth is in some danger from one or more individuals with access to the household.
	3	Child/Youth is in immediate danger from one or more individuals with unsupervised access.

NOTE: All referents are legally required to report suspected child abuse or neglect.

CHILD/YOUTH BEHAVIORAL/EMOTIONAL NEEDS

This section of the CANS focuses on identifying potential mental health needs of the child/youth. This section deals only with the child/youth.

Please think about the last month (30 days) when you discuss and answer these questions.

Coding Definitions

- 0** indicates a dimension where there is no evidence of any needs. This may be a strength.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

Question V-1

CHILD/YOUTH BEHAVIORAL/EMOTIONAL NEEDS:		
PSYCHOSIS:		
This item is used to rate symptoms of psychiatric disorders with a known neurological base. DSM-IV disorders included on this dimension are Schizophrenia and Psychotic disorders. This item may also include substance-induced or related psychosis.		
Please rate the highest level from the past 30 days .		
Has the child/youth ever talked about hearing, seeing or feeling something that was not actually there?	Rating	
	0	No evidence
	1	History or suspicion of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
	2	Clear evidence of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
Has the child/youth ever done strange or bizarre things which make no sense?	3	Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder which places the child/youth or others at risk of physical harm.
Does the child/youth have strange beliefs about things?		
Has anyone ever commented that the child/youth has a thought disorder or a psychotic condition?		

CHILD BEHAVIORAL/EMOTIONAL NEEDS

Question V-2

CHILD/YOUTH BEHAVIORAL/EMOTIONAL NEEDS:		
IMPULSIVITY/HYPERACTIVITY:		
Symptoms of Attention-Deficit and Hyperactivity Disorder and Impulse Control Disorder would be rated here. Inattention/distractibility not related to opposition would also be rated here.		
Please rate the highest level from the past 30 days .		
<p>Is the child/youth able to sit still for any length of time?</p> <p>Does she have trouble paying attention for more than a few minutes?</p> <p>Is the child/youth able to control herself?</p> <p>Have other people commented that the child/youth is “hyper”?</p>	Rating	
	0	No evidence
	1	Some problems with impulsive, distractible or hyperactive behavior that places the child/youth at risk of future functioning difficulties.
	2	Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child’s/youth’s ability to function in at least one life domain.
	3	Clear evidence of a dangerous level of impulsive behavior that can place the child/youth at risk of physical harm.

Question V-3

CHILD/YOUTH BEHAVIORAL/EMOTIONAL NEEDS:		
DEPRESSION:		
Symptoms included in this dimension are irritable or depressed mood, social withdrawal, and anxious mood; sleep disturbances, weight/eating disturbances, and loss of motivation.		
Please rate the highest level from the past 30 days .		
<p>Does the child/youth appear to be depressed or irritable?</p> <p>Has she withdrawn from normal activities?</p> <p>Does the child/youth seem lonely or not interested in others?</p>	Rating	
	0	No evidence
	1	History or suspicion of depression or mild to moderate depression associated with a recent negative life event with minimal impact on life domain functioning.
	2	Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child’s/youth’s ability to function in at least one life domain.
	3	Clear evidence of disabling level of depression that makes it virtually impossible for the child/youth to function in any life domain.

CHILD BEHAVIORAL/EMOTIONAL NEEDS

Question V-4

CHILD/YOUTH BEHAVIORAL/EMOTIONAL NEEDS:		
ANXIETY:		
<p>This item describes the child's/youth's level of fearfulness, worrying or other characteristics of anxiety. A '1' is used to indicate a child/youth who has some problems with anxiety or worrying or may have had a single panic attack in the past six months. A '2' would indicate a child/youth who has had repeated panic attacks or who fits the criteria for a Generalized Anxiety Disorder. A '3' would indicate such a level of anxiety as to put the child/youth at some physical risk.</p>		
Please rate the highest level from the past 30 days .		
Does the child/youth have any problems with anxiety or fearfulness?	Rating	
	0	No evidence
	1	History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event.
Is she avoiding normal activities out of fear?	2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's/youth's ability to function in at least one life domain.
Does the child/youth act frightened or afraid?	3	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child/youth to function in any life domain.
Does the child/youth worry a lot?		

Question V-5

CHILD/YOUTH BEHAVIORAL/EMOTIONAL NEEDS:		
OPPOSITIONAL:		
<p>This item is intended to capture how the child/youth relates to authority. Oppositional behavior is different from conduct disorder in that the emphasis of the behavior is on non-compliance to authority rather than on seriously breaking social rules, norms, and laws. A '0' is used to indicate a child/youth who is generally compliant, recognizing that all children and youth challenge authority some. A '1' is used to indicate a problem that has started recently (in past six months) and has not yet begun to cause significant functional impairment or a problem that has begun to be resolved through successful intervention. A '2' would be used to indicate a child/youth whose behavior is consistent with <i>Oppositional Defiant Disorder (ODD)</i>. A '3' should be used only for children and youth whose oppositional behavior put them at some physical peril.</p>		
Please rate the highest level from the past 30 days .		
Does the child/youth do what is she is asked to do?	Rating	
	0	No evidence
	1	History or recent onset (past 6 weeks) of defiance towards authority figures.
Has a teacher or other adult said that the child/youth does not follow rules or directions?	2	Clear evidence of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the child's/youth's functioning in at least one life domain. Behavior causes emotional harm to others.
Does the child/youth argue when someone tries to get her to do something?	3	Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others.

CHILD BEHAVIORAL/EMOTIONAL NEEDS

Question V-6

CHILD/YOUTH BEHAVIORAL/EMOTIONAL NEEDS:		
CONDUCT:		
These symptoms include antisocial behaviors like shoplifting, lying, vandalism, cruelty to animals, and/or assault. This dimension would include the symptoms of Conduct Disorder as specified in DSM-IV.		
Please rate the highest level from the past 30 days .		
Is the child/youth honest?	Rating	
	0	No evidence
How does the child/youth handle telling the truth/lies?	1	History or suspicion of problems associated with antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property or animals.
Has anyone said that the child /youth been a part of any criminal behavior?	2	Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals.
Has the child/youth ever shown violent or threatening behavior towards others?	3	Evidence of a severe level of conduct problems as described above that places the child/youth or community at significant risk of physical harm due to these behaviors.

Question V-7

CHILD/YOUTH BEHAVIORAL/EMOTIONAL NEEDS:		
ADJUSTMENT TO TRAUMA:		
This dimension covers the youth's reaction to any of a variety of traumatic experiences -- such as emotional, physical, or sexual abuse, separation from family members, witnessing violence, or the victimization or murder of family members or close friends. If a child/youth has not experienced any trauma or if their traumatic experiences no longer impact their functioning, then she would be rated a '0'. A '1' would indicate a child/youth who is making progress learning to adapt to a trauma or a child/youth who recently experienced a trauma where the impact on her well-being is not yet known. A '2' would indicate significant problems with adjustment or the presence of an acute stress reaction. A '3' indicates <i>Posttraumatic Stress Disorder (PTSD)</i> .		
Please rate the highest level from the past 30 days .		
Has the child/youth experienced a traumatic event?	Rating	
	0	No evidence
	1	History or suspicion of problems associated with traumatic life event/s.
Does she experience frequent nightmares?	2	Clear evidence of adjustment problems associated with traumatic life event/s. Adjustment is interfering with child's/ youth's functioning in at least one life domain.
Is she troubled by flashbacks?	3	Clear evidence of symptoms of Posttraumatic Stress Disorder, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of trauma experience which is significantly impacting functioning in one or more life domains.
Is she unusually afraid of being alone, or of participating in normal activities?		

NOTE: A rating of a "2" or greater would result in the need for further specification of these needs through the completion of the [Trauma Module](#).

CHILD BEHAVIORAL/EMOTIONAL NEEDS

Question V-8

CHILD/YOUTH BEHAVIORAL/EMOTIONAL NEEDS:		
ANGER CONTROL:		
<p>This item describes the child's/youth's ability to manage her anger and frustration tolerance. The '0' level indicates a child/youth without problems on this dimension. Everybody gets angry sometimes, so this item is intended to identify individuals who are more likely than average to become angry and that this control problem leads to problems with functioning. A '1' level is occasional angry outbursts or a situation where the individual has begun to successfully exercise control over her temper. A '2' level describes an individual who has functioning problems as a result of anger control problems. An individual who meets criteria for Intermittent Explosive Disorder would be rated here. A '3' level describes an individual whose anger control has put them in physical peril within the rating period.</p>		
Please rate the highest level from the past 30 days .		
How does the child/youth control her temper?	Rating	
	0	No evidence of any significant anger control problems.
Does she get upset or frustrated easily?	1	Some problems with controlling anger. Child/Youth may sometimes become verbally aggressive when frustrated. Peers and family may be aware of and may attempt to avoid stimulating angry outbursts.
Does she become physical when angry?	2	Moderate anger control problems. Child's/Youth's temper has gotten her in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
Does she have a hard time if someone criticizes or rejects her?	3	Severe anger control problems. Child's/Youth's temper is likely associated with frequent fighting that is often physical. Others likely fear her.

Question V-9

CHILD/YOUTH BEHAVIORAL/EMOTIONAL NEEDS:		
EATING DISTURBANCES:		
These symptoms include problems with eating, including disturbances in body image, refusal to maintain normal body weight (including obesity) and recurrent episodes of binge eating. These ratings are consistent with DSM-IV Eating Disorders.		
Please rate the highest level from the past 30 days .		
<p>Is the child/youth preoccupied with body image, weight, excessive exercise, refusal to eat, over-eating and/or bingeing and purging?</p> <p>Does the child/youth have any medical problems incidental to eating disorders?</p>	Rating	
	0	This rating is for a child/youth with no evidence of eating disturbances.
	1	This rating is for a child/youth with a mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.
	2	This rating is for a child/youth with a moderate level of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This child/youth may meet criteria for a DSM-IV Eating Disorder (Anorexia or Bulimia Nervosa).
	3	This rating is for a child/youth with a more severe form of eating disturbance. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).

Question V-10

CHILD/YOUTH BEHAVIORAL/EMOTIONAL NEEDS:		
AFFECT DYSREGULATION:		
This item rates the child's/youth's ability to regulate emotional expression (e.g., calming down after getting upset), which is most easily seen as their ability to react to an event within the <u>normal</u> range of emotions. A child/youth with solid affect regulation will still get upset in response to upsetting events; however, they will not lose control of themselves or their emotions and be able to modulate the expression of this emotion within appropriate means (e.g., crying, but not ripping clothes in anguish or harming self). If the child/youth appears to overreact to situations, then the rating would be higher.		
Please rate the highest level from the past 30 days .		
<p>Does the child/youth overreact to situations?</p> <p>When reacting to an upsetting situation, is she able to calm herself after an appropriate period of time?</p>	Rating	
	0	Child/Youth has no problems with affect regulation.
	1	Child/Youth has mild to moderate problems with affect regulation.
	2	Child/Youth has severe problems with affect regulation but is able to control affect at times. Problems with affect regulation interfere with child's functioning in some life domains.
	3	Child/Youth unable to regulate affect.

CHILD BEHAVIORAL/EMOTIONAL NEEDS

Question V-11

CHILD/YOUTH BEHAVIORAL/EMOTIONAL NEEDS:		
BEHAVIORAL REGRESSIONS:		
These ratings are used to describe shifts in previously adaptive functioning evidenced in regressions in behaviors or physiological functioning.		
Please rate the highest level from the past 30 days .		
<p>Does the child/youth exhibit age-inappropriate behavior?</p> <p>Is there a significant issue that is causing the child/youth to have age-regressive behaviors?</p>	Rating	
	0	This rating is given to a child/youth with no evidence of behavioral regression.
	1	This rating is given to a child/youth with some regressions in age-level of behavior (e.g., thumb sucking, whining when age inappropriate).
	2	This rating is given to a child/youth with moderate regressions in age-level of behavior including loss of ability to engage with peers, stopping play or exploration in environment that was previously evident, or occasional bedwetting.
	3	This rating is given to a child/youth with more significant regressions in behaviors in an earlier age as demonstrated by changes in speech or loss of bowel or bladder control.

Question V-12

CHILD/YOUTH BEHAVIORAL/EMOTIONAL NEEDS:		
SOMATIZATION:		
These symptoms include the presence of recurrent physical complaints without apparent physical cause or conversion-like phenomena (e.g., pseudo seizures) and associated with psychosocial and associated with psychosocial distress and medical help-seeking.		
Please rate the highest level from the past 30 days .		
<p>Does the child/youth often complain of medical symptoms without medical cause?</p> <p>Is there a significant issue that is causing the child/youth to have somatic complaints?</p>	Rating	
	0	This rating is for a child/youth with no evidence of somatic symptoms.
	1	This rating indicates a child/youth with a mild level of somatic problems. This could include occasional headaches, stomach problems (nausea, vomiting), joint, limb or chest pain without medical cause.
	2	This rating indicates a child/youth with a moderate level of somatic problems or the presence of conversion symptoms. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches). This child/youth may meet criteria for a somatoform disorder. Additionally, the child/youth could manifest any conversion symptoms here (e.g., pseudo seizures, paralysis).
	3	This rating indicates a child/youth with severe somatic symptoms causing significant disturbance in school or social functioning. This could include significant and varied symptomatic disturbance without medical cause.

CHILD BEHAVIORAL/EMOTIONAL NEEDS

Question V-13

CHILD/YOUTH BEHAVIORAL/EMOTIONAL NEEDS:		
SUBSTANCE USE:		
These symptoms include use of alcohol and illegal drugs, the misuse of prescription medications and the inhalation of any substance for recreational purposes. This rating is consistent with DSM-IV Substance-related Disorders.		
Please rate the highest level from the past 30 days .		
Do you know whether the child/youth has used alcohol or any kind of drugs on more than an experimental basis?	Rating	
	0	No evidence
	1	History or suspicion of substance use.
	2	Clear evidence of substance abuse that interferes with functioning in any life domain.
	3	Child requires detoxification OR is addicted to alcohol and/or drugs. Include here a child/youth who is intoxicated at the time of the assessment (i.e., currently under the influence).
Is there a suspicion that the child/youth may have an alcohol or drug use problem?		
Has anyone reported that they think the child/youth might be using alcohol or drugs?		

NOTE: A rating of a "2" or greater would result in the need for further specification of these needs through the completion of the [Substance Use Disorder \(SUD\) Module](#).

CHILD/YOUTH RISK BEHAVIORS

This area describes both suicidal and significant self-injurious behavior. A rating of 2 or 3 would indicate the need for a safety plan. These ratings are used to describe shifts in previously adaptive functioning evidenced in regressions in behaviors or physiological functioning.

Coding Definitions

- 0** indicates a dimension where there is no evidence of any needs. This may be a strength.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed. –Develop a safety plan.
- 3** indicates a dimension that requires immediate or intensive action. –Act immediately to ensure safety

Question VI-1

CHILD/YOUTH RISK BEHAVIORS		
SUICIDE RISK:		
This rating includes actual and threatened attempts by the child/you to fatally harm herself.		
Please rate the highest level from the past 30 days .		
Has the child/youth ever talked about a wish to die or to kill herself?	Rating	
	0	No evidence
	1	History but no recent ideation or gesture.
Has the child/youth ever talked about a plan to kill herself?	2	Recent ideation or gesture but not in past 24 hours.
	3	Current ideation and intent OR command hallucinations that involve self-harm.
Has she ever tried to commit suicide?		

Question VI-2

CHILD/YOUTH RISK BEHAVIORS		
SELF-MUTILATION:		
This rating includes repetitive physically harmful behavior that generally serves a self-soothing functioning with the child (e.g., relieves anxiety).		
Please rate the highest level from the past 30 days .		
Has the child/youth ever described self-injurious behaviors?	Rating	
	0	No evidence
	1	History of self-mutilation.
Has the child/youth ever had thoughts about plans to injure or disfigure herself?	2	Engaged in self-mutilation that does not require medical attention.
	3	Engaged in self-mutilation that requires medical attention.
Does the child/youth ever purposely hurt herself (e.g., cutting)?		

MODULES

Question VI-3

CHILD/YOUTH RISK BEHAVIORS		
OTHER SELF HARM:		
This rating includes reckless and dangerous behaviors that while not intended to harm self or others, place the child/youth or others at some jeopardy. Suicidal or self-mutilative behavior is NOT rated here.		
Please rate the highest level from the past 30 days .		
Has the child/youth ever talked about or acted in a way that might be dangerous to herself (e.g., reckless behavior such as car/bus surfing, dare-devil behavior, DUI, etc.)?	Rating	
	0	No evidence of behaviors other than suicide or self-mutilation that place the child/youth at risk of physical harm.
	1	History of behavior other than suicide or self-mutilation that places child/youth at risk of physical harm. This includes reckless and risk-taking behavior that may endanger the child.
	2	Engaged in behavior other than suicide or self-mutilation that places her in danger of physical harm. This includes reckless behavior or intentional risk-taking behavior.
Has the child/youth placed themselves in dangerous situations that compromise physical safety (e.g., young females hanging out with older men, getting high in risky neighborhoods, etc.)?	3	Engaged in behavior other than suicide or self-mutilation that places her at immediate risk of death. This includes reckless behavior or intentional risk-taking behavior.

Question VI-4

CHILD/YOUTH RISK BEHAVIORS		
DANGER TO OTHERS:		
This rating includes actual and threatened violence. Imagined violence when extreme, may be rated here. A rating of 2 or 3 would indicate the need for a safety plan.		
Please rate the highest level from the past 30 days .		
Has the child/youth ever injured another person on purpose? Does she get into physical fights?	Rating	
	0	No evidence
	1	History of homicidal ideation, physically harmful aggression or fire setting that has put self or others in danger of harm.
	2	Recent homicidal ideation, physically harmful aggression, or dangerous fire setting but not in past 24 hours.
Has the child/youth ever threatened to kill or seriously injure another person?	3	Acute homicidal ideation with a plan or physically harmful aggression OR command hallucinations that involve the harm of others. Or, child/youth set a fire that placed others at significant risk of harm.

NOTE: A rating of a “2” or greater would result in the need for further specification of these needs through the completion of the [Violence Module](#).

MODULES

Question VI-5

CHILD/YOUTH RISK BEHAVIORS		
SEXUAL AGGRESSION:		
Sexually abusive behavior includes both aggressive sexual behavior and sexual behavior in which the child/youth takes advantage of a younger or less powerful child/youth through seduction, coercion, or force.		
Please rate the highest level from the past 30 days .		
Has the child/youth ever been accused of being sexually aggressive with another child?	Rating	
	0	No evidence of any history of sexually aggressive behavior. No sexual activity with younger children, non-consenting others, or children not able to understand consent.
What happened after that?	1	History of sexually aggressive behavior (but not in past year) OR sexually inappropriate behavior in the past year that troubles others such as harassing talk or excessive masturbation.
	2	Child/youth is engaged in sexually aggressive behavior in the past year but not in the past 30 days.
	3	Child/youth has engaged in sexually aggressive behavior in the past 30 days.

NOTE: A rating of a “2” or greater would result in the need for further specification of these needs through the completion of the [Sexually Aggressive Behavior \(SAB\) Module](#).

Question VI-6

CHILD/YOUTH RISK BEHAVIORS		
RUNAWAY:		
In general, to classify as a runaway or elopement, the child/youth is gone overnight or very late into the night. Impulsive behavior that represents an immediate threat to personal safety would also be rated here.		
Please rate the highest level from the past 30 days .		
Has the child/youth ever run away from home, school or any other place?	Rating	
	0	No evidence
If so, where did they go?	1	History of run away from home or other settings involving at least one overnight absence, at least 30 days in the past.
How long did they stay away?	2	Recent runaway behavior or ideation but not in past 7 days.
How were they found?	3	Acute threat to run away as manifested by either recent attempts OR significant ideation about running away OR child/youth is currently a runaway.
Do they ever threaten to run away?		

NOTE: A rating of a “2” or greater would result in the need for further specification of these needs through the completion of the [Runaway Module](#).

MODULES

Question VI-7

CHILD/YOUTH RISK BEHAVIORS		
DELINQUENCY:		
This rating includes both criminal behavior and status offenses that may result from child or youth failing to follow required behavioral standards (e.g., truancy). Sexual offenses should be included as criminal behavior.		
Please rate the highest level from the past 30 days .		
Has the child/youth been involved in any delinquent activities, including truancy and curfew violations?	Rating	
	0	No evidence
	1	History of delinquency but no acts of delinquency in past 30 days.
	2	Recent acts of delinquency.
	3	Severe acts of delinquency that places others at risk of significant loss or injury or place child/youth at risk of adult sanctions.
Has the child/youth ever been arrested?		

NOTE: A rating of a “2” or greater would result in the need for further specification of these needs through the completion of the [Juvenile Justice \(JJ\) Module](#).

Question VI-8

CHILD/YOUTH RISK BEHAVIORS		
JUDGMENT:		
This item describes the child’s decision-making processes and awareness of consequences.		
Please rate the highest level from the past 30 days .		
Does the child/youth have any difficulty with judgment or decision making?	Rating	
	0	No evidence of problems with judgment or poor decision making that result in harm to development and/or well-being.
	1	History of problems with judgment in which the child/youth makes decisions that are in some way harmful to her development and/or well-being. For example, a child/youth who has a history of hanging out with other children who shoplift.
Does she typically make good choices for herself?	2	Problems with judgment in which the child/youth makes decisions that are in some way harmful to her development and/or well-being.
Do her choices ever result in harm to the child/youth or others?	3	Problems with judgment that place the child/youth at risk of significant physical harm.

MODULES

Question VI-9

CHILD/YOUTH RISK BEHAVIORS										
FIRE SETTING:										
This item refers to behavior involving the intentional setting of fires that might be dangerous to the child/youth or others. This does not include the use of candles or incense or matches to smoke.										
Please rate the highest level from the past 30 days .										
<p>Has the child/youth ever played with matches, or set a fire? If so, please describe what happened.</p> <p>Did the fire setting behavior destroy property or endanger the lives of others?</p>	<p>Rating</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">0</td> <td>No evidence</td> </tr> <tr> <td style="text-align: center;">1</td> <td>History of fire setting but not in the past six months. If the incident occurred more than six months ago, rate this item a "0."</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Recent fire setting behavior (in past six months) but not of the type that has endangered the lives of others OR repeated fire-setting behavior over a period of at least two years even if not in the past six months.</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Acute threat of fire setting. Set fire that endangered the lives of others (e.g., attempting to burn down a house).</td> </tr> </table>	0	No evidence	1	History of fire setting but not in the past six months. If the incident occurred more than six months ago, rate this item a "0."	2	Recent fire setting behavior (in past six months) but not of the type that has endangered the lives of others OR repeated fire-setting behavior over a period of at least two years even if not in the past six months.	3	Acute threat of fire setting. Set fire that endangered the lives of others (e.g., attempting to burn down a house).
0	No evidence									
1	History of fire setting but not in the past six months. If the incident occurred more than six months ago, rate this item a "0."									
2	Recent fire setting behavior (in past six months) but not of the type that has endangered the lives of others OR repeated fire-setting behavior over a period of at least two years even if not in the past six months.									
3	Acute threat of fire setting. Set fire that endangered the lives of others (e.g., attempting to burn down a house).									

NOTE: A rating of a "2" or greater would result in the need for further specification of these needs through the completion of the [Fire Setting \(FS\) Module](#).

Question VI-10

CHILD/YOUTH RISK BEHAVIORS										
SOCIAL BEHAVIOR (aka Sanction Seeking Behavior):										
This rating describes obnoxious social behaviors that a child/youth engages in to intentionally force adults to sanction her, or "Sanction-Seeking Behavior". This item should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which she lives) that put the child/youth at some risk sanctions (e.g., not excessive shyness).										
Please rate the highest level from the past 30 days .										
<p>Does the child/youth ever intentionally do or say things to upset others?</p> <p>Has anyone ever mentioned that the child/youth has sworn at them or done other behaviors that were insulting, rude or obnoxious?</p> <p>Does the child/youth seem to purposely get in trouble by making adults angry with them?</p>	<p>Rating</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">0</td> <td>No evidence of problematic social behavior. Child/Youth does not engage in behavior that forces adults to sanction her.</td> </tr> <tr> <td style="text-align: center;">1</td> <td>Mild level of problematic social behavior. This might include occasional inappropriate social behavior that forces adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level.</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Moderate level of problematic social behavior. Social behavior is causing problems in the child's life. Child/Youth may be intentionally getting in trouble in school or at home.</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Severe level of problematic social behavior. This level would be indicated by frequent serious social behavior that forces adults to seriously and/or repeatedly sanction the child. Social behaviors are sufficiently severe that they place the child/youth at risk of significant sanctions (e.g., expulsion, removal from the community)</td> </tr> </table>	0	No evidence of problematic social behavior. Child/Youth does not engage in behavior that forces adults to sanction her.	1	Mild level of problematic social behavior. This might include occasional inappropriate social behavior that forces adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level.	2	Moderate level of problematic social behavior. Social behavior is causing problems in the child's life. Child/Youth may be intentionally getting in trouble in school or at home.	3	Severe level of problematic social behavior. This level would be indicated by frequent serious social behavior that forces adults to seriously and/or repeatedly sanction the child. Social behaviors are sufficiently severe that they place the child/youth at risk of significant sanctions (e.g., expulsion, removal from the community)
0	No evidence of problematic social behavior. Child/Youth does not engage in behavior that forces adults to sanction her.									
1	Mild level of problematic social behavior. This might include occasional inappropriate social behavior that forces adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level.									
2	Moderate level of problematic social behavior. Social behavior is causing problems in the child's life. Child/Youth may be intentionally getting in trouble in school or at home.									
3	Severe level of problematic social behavior. This level would be indicated by frequent serious social behavior that forces adults to seriously and/or repeatedly sanction the child. Social behaviors are sufficiently severe that they place the child/youth at risk of significant sanctions (e.g., expulsion, removal from the community)									

MODULES

AGES 0 through 5/ EARLY DEVELOPMENT MODULE

The items in the Early Development Module (ED-1 to ED-18) are intended to focus on elements of a young child's functioning that are salient during the first 5 years of development.

Question ED-1

MODULE: AGES 0-5/EARLY DEVELOPMENT		
MOTOR:		
This rating describes the child's fine (e.g., hand grasping and manipulation) and gross (e.g., sitting, standing, walking) motor functioning.		
Please rate the highest level from the past 30 days .		
Does the child balance, sit, crawl or walk according to age?	Rating	
	0	Child's fine and gross motor functioning appears normal. There is no reason to believe that the child has any problems with motor functioning.
Does the child pick up, grab, and hold objects according to age?	1	The child has mild fine (e.g., using scissors) or gross motor skill deficits. The child may have exhibited delayed sitting, standing, or walking, but has since reached those milestones.
	2	The child has moderate motor deficits. A non-ambulatory child with fine motor skills (e.g., reaching, grasping) or an ambulatory child with severe fine motor deficits would be rated here. A full-term newborn who does not have a sucking reflex in the first few days of life would be rated here.
	3	The child has severe or profound motor deficits. A non-ambulatory child with additional movement deficits would be rated here, as would any child older than 6 months who cannot lift her head.

Question ED-2

MODULE: AGES 0-5/EARLY DEVELOPMENT		
SENSORY:		
This rating describes the child's ability to use all senses (i.e., vision, hearing, smell, touch, and taste) as well as their sense of balance, movement, and awareness/coordination of their body (i.e., kinesthetic).		
Please rate the highest level from the past 30 days .		
Does the child hear well?	Rating	
	0	The child's sensory functioning appears normal. There is no reason to believe that the child has any problems with sensory functioning.
Does the child see well?	1	The child has mild impairment on a single sense (e.g., mild hearing deficits, correctable vision problems).
Does the child seem averse to touching certain objects, texture or surfaces?	2	The child has moderate impairment on a single sense or mild impairment on multiple senses (e.g., difficulties with sensory integration, diagnosed need for occupational therapy).
	3	The child has significant impairment on one or more senses (e.g., profound hearing or vision loss).

MODULES

Question ED-3

MODULE: AGES 0-5/EARLY DEVELOPMENT		
COMMUNICATION:		
This rating describes the child's ability to communicate through any medium including all spontaneous vocalizations and articulations.		
Please rate the highest level from the past 30 days .		
Does the child repeat, vocalize or speak according to age?	Rating	
	0	Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.
Does the child point to or ask for objects according to age?	1	Child's receptive abilities are intact, but child has limited expressive capabilities (e.g., if the child is an infant, she engages in limited vocalizations; if older than 24 months, she can understand verbal communication, but others have unusual difficulty understanding child).
Does the child respond appropriately to a request?	2	Child has limited receptive and expressive capabilities.
	3	Child is unable to communicate in any way, including pointing or grunting.

Question ED-4

MODULE: AGES 0-5/EARLY DEVELOPMENT		
FAILURE TO THRIVE:		
Symptoms of failure to thrive focus on normal physical development such as growth and weight gain.		
Please rate the highest level from the past 30 days .		
Was the child born underweight or prematurely?	Rating	
	0	The child does not appear to have any problems with regard to weight gain or development. There is no evidence of failure to thrive.
Is the child gaining weight according to age?	1	The child has mild delays in physical development (e.g., is below the 25 th percentile in terms of height or weight).
Does the child have any medical conditions that would prohibit appropriate growth?	2	The child has significant delays in physical development that could be described as failure to thrive (e.g., is below the 10 th percentile in terms of height or weight).
	3	The child has severe problems with physical development that puts their life at risk (e.g., is at or beneath the 1 st percentile in height or weight).

MODULES

Question ED-5

MODULE: AGES 0-5/EARLY DEVELOPMENT		
REGULATORY PROBLEMS:		
This item focuses on all dimensions of self-regulation, including the quality and predictability of sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, and ability to be consoled.		
Please rate the highest level from the past 30 days .		
Is the child irritable?	Rating	
	0	Child does not appear to have any problems with self-regulation
Does the child sleep for only short periods of time or extended periods of time?	1	Child has mild problems with self-regulation (e.g., unusually intense activity level, mild or transient irritability).
	2	Child has moderate to severe problems with self-regulation (e.g., chronic or intense irritability, unusually low tolerance/high sensitivity to external stimulation).
Does the child suck thumb, twirl hair or use blanket or other object to self-soothe?	3	Child has profound problems with self-regulation that place her safety, well-being, and/or development at risk (e.g., child cannot be soothed at all when distressed, child cannot feed properly).

Question ED-6

MODULE: AGES 0-5/EARLY DEVELOPMENT		
BIRTH WEIGHT:		
This item focuses on the child's weight as compared to normal development.		
Please rate the highest level using birth weight ranges provided in anchors .		
Was the child born underweight, overweight or at normal weight?	Rating	
	0	Child is within normal range for weight and has been since birth. A child with a birth weight of 2500 grams (5.5 pounds) or greater would be rated here.
	1	Child was born underweight but is now within normal range or child is slightly beneath normal range. A child with a birth weight of between 1500 grams (3.3 pounds) and 2499 grams would be rated here.
	2	Child is considerably under weight to the point of presenting a development risk to the child. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here.
	3	Child is extremely under weight to the point of the child's life is threatened. A child with a birth weight of less than 1000 grams (2.2 pounds) would be rated here.

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Question ED-7

MODULE: AGES 0-5/EARLY DEVELOPMENT		
PICA:		
This item describes an eating disorder involving the compulsive ingestion of non-nutritive substances. Generally, the child must be older than 18 months to be considered with this problem.		
Please rate the highest level from the past 30 days .		
Does the child chew on paper, cardboard or other non-nutritive objects?	Rating	
	0	No evidence that the child eats unusual or dangerous materials.
	1	Child has repeatedly eaten unusual or dangerous materials consistent with the diagnosis of Pica; however, this behavior has not occurred in the past 30 days.
	2	Child has eaten unusual or dangerous materials consistent with the diagnosis of Pica in the past 30 days.
	3	Child has become physically ill during the past 30 days by eating dangerous materials (e.g., lead paint).

Question ED-8

MODULE: AGES 0-5/EARLY DEVELOPMENT		
PRENATAL CARE:		
This item focuses on the health care and birth circumstances experienced by the child in utero.		
Please rate the highest level during pregnancy .		
Did the child's mother obtain prenatal care? If yes, how many prenatal visits did she attend? If not, were there extenuating circumstances for lack of prenatal care? Did the mother experience any pregnancy related illnesses?	Rating	
	0	Child's biological mother had adequate prenatal care (e.g., 10 or more planned visits to a physician) that began in the first trimester. Child's mother did not experience any pregnancy-related illnesses.
	1	Child's mother had some short-comings in prenatal care, or had a mild form of a pregnancy-related illness. A child whose mother had 6 or fewer planned visits to a physician would be rated here (her care must have begun in the first or early second trimester). A child whose mother had a mild or well-controlled form of pregnancy-related illness such as gestational diabetes, or who had an uncomplicated high-risk pregnancy, would be rated here.
	2	Child's biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness. A child whose mother had 4 or fewer planned visits to a physician would be rated here. A mother who experienced a high-risk pregnancy with some complications would be rated here.
	3	Child's biological mother had no prenatal care, or had a severe form of pregnancy-related illness. A mother who had toxemia/pre-eclampsia would be rated here.

MODULES

Question ED-9

MODULE: AGES 0-5/EARLY DEVELOPMENT		
LABOR AND DELIVERY:		
This item focuses on the conditions associated with, and consequences arising from, complications in labor and delivery of the child.		
Please rate the highest level using events and Apgar score indicated in anchors .		
<p>Was the child born naturally or via C-section?</p> <p>If C-section, was it planned or emergency?</p> <p>Were there any complications during delivery?</p> <p>Did the mother require additional medical attention after delivery?</p> <p>Did the child require additional medical attention after delivery?</p>	<p>Rating</p>	<p>0</p> <p>Child and biological mother had normal labor and delivery. A child who received an Apgar score of 7-10 at birth would be rated here.</p> <p>1</p> <p>Child or mother had some mild problems during delivery, but child does not appear to be affected by these problems. An emergency C-Section or a delivery-related physical injury (e.g., shoulder displacement) to the child would be rated here.</p> <p>2</p> <p>Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother. Extended fetal distress, postpartum hemorrhage, or uterine rupture would be rated here. A child who received an Apgar score of 4-7, or who needed some resuscitative measures at birth, would be rated here.</p> <p>3</p> <p>Child had severe problems during delivery that have long-term implications for development (e.g., extensive oxygen deprivation, brain damage). A child who received an Apgar score of 3 or lower, or who needed immediate or extensive resuscitative measures at birth, would be rated here.</p>

Question ED-10

MODULE: AGES 0-5/EARLY DEVELOPMENT		
SUBSTANCE EXPOSURE:		
This item focuses on the child's exposure to substance use and abuse both before and after birth		
Please rate the highest level from the time in utero and since birth .		
<p>Was the child exposed to alcohol, tobacco or other drugs while in utero?</p> <p>Does the mother have substance use or abuse problems?</p>	<p>Rating</p>	<p>0</p> <p>Child had no in utero exposure to alcohol or drugs, and there is currently no exposure in the home.</p> <p>1</p> <p>Child had either mild in utero exposure (e.g., mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy), or there is current alcohol and/or drug use in the home.</p> <p>2</p> <p>Child was exposed to significant alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy (e.g., heroin, cocaine), or significant use of alcohol or tobacco, would be rated here.</p> <p>3</p> <p>Child was exposed to alcohol or drugs in utero and continues to be exposed in the home. Any child who evidenced symptoms of substance withdrawal at birth (e.g., crankiness, feeding problems, tremors, weak and continual crying) would be rated here.</p>

MODULES

Question ED-11

MODULE: AGES 0-5/EARLY DEVELOPMENT		
PARENT OR SIBLING PROBLEMS:		
This item focuses on how this child's parents and older siblings have done/are doing in their respective development.		
Please rate the highest level from the past 30 days .		
<p>Did the mother have previous normal deliveries?</p> <p>Do any siblings have any medical problems or developmental delays?</p> <p>Do the parents have significant medical issues or developmental delays?</p>	<p>Rating</p>	<p>0 The child's parents have no developmental disabilities. The child has no siblings, or existing siblings are not experiencing any developmental or behavioral problems.</p> <p>1 The child's parents have no developmental disabilities. The child has siblings who are experiencing some mild developmental or behavioral problems (e.g., Attention Deficit, Oppositional Defiant, or Conduct Disorders). It may be that child has at least one healthy sibling.</p> <p>2 The child's parents have no developmental disabilities. The child has a sibling who is experiencing a significant developmental or behavioral problem (e.g., a severe version of any of the disorders cited above, or any developmental disorder).</p> <p>3 One or both of the child's parents have been diagnosed with a developmental disability, or the child has multiple siblings who are experiencing significant developmental or behavioral problems (all siblings must have some problems).</p>

Question ED-12

MODULE: AGES 0-5/EARLY DEVELOPMENT		
MATERNAL AVAILABILITY:		
This item focuses on the primary caretaker's emotional and physical availability to the child in the weeks immediately following the birth. Rate maternal availability up until 3 months (12 weeks) post-partum.		
Please rate the highest level during up until 3 months (12 weeks) post-partum .		
<p>Was the mother able to recover normally after delivery?</p> <p>Was the mother able to breastfeed?</p> <p>Was the mother able to care for her child?</p> <p>Did the mother experience the "Baby Blues", an episode of depression, or other medical condition that might have kept her away from her baby after giving birth?</p> <p>What were the other demands (e.g., other small children) on mother during this time?</p>	<p>Rating</p>	<p>0 The child's mother/primary caretaker was emotionally and physically available to the child in the weeks following the birth.</p> <p>1 The primary caretaker experienced some minor or transient stressors which made her slightly less available to the child (e.g., another child in the house under two years of age, an ill family member for whom the caretaker had responsibility, or returned to work before the child reached six weeks of age).</p> <p>2 The primary caretaker experienced a moderate level of stress sufficient to make her significantly less emotionally and physically available to the child in the weeks following the birth (e.g., major marital conflict, significant post-partum recuperation issues or chronic pain, two or more children under four)</p> <p>3 The primary caretaker was unavailable to the child to such an extent that the child's emotional or physical well-being was severely compromised (e.g., a psychiatric hospitalization, a clinical diagnosis of severe Post-Partum Depression, any hospitalization for medical reasons which separated caretaker and child for an extended period of time, divorce or abandonment).</p>

MODULES

Question ED-13

MODULE: AGES 0-5/EARLY DEVELOPMENT		
CURIOSITY:		
This item focuses on the child's self-initiated efforts to discover her world.		
Please rate the highest level from the past 30 days .		
Does the child crawl or walk toward objects of interest?	Rating	
	0	This level indicates a child with exceptional curiosity. Infants display mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.
Does the child ask about objects of interest?	1	This level indicates a child with good curiosity. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to her, would be rated here.
Does the child show an interest in new objects introduced into the environment?	2	This level indicates a child with limited curiosity. Child may be hesitant to seek out new information or environments, or reluctant to explore even presented objects.
	3	This level indicates a child with very limited or no observable curiosity. Child may seem frightened of new information or environments.

Question ED-14

MODULE: AGES 0-5/EARLY DEVELOPMENT		
PLAYFULNESS:		
This item focuses on the child's enjoyment of play alone and with others.		
Please rate the highest level from the past 30 days .		
Does the child play by herself?	Rating	
	0	This level indicates a child with substantial ability to play with self and others. Child enjoys play, and if old enough, regularly engages in symbolic and means-end play. If still an infant, child displays changing facial expressions in response to different play objects.
Does the child play with parent(s)?	1	This level indicates a child with good play abilities. Child may enjoy play only with self or only with others, or may enjoy play with a limited selection of toys.
Does the child play with siblings, if available?	2	This level indicates a child with limited ability to enjoy play. Child may remain preoccupied with other children or adults to the exclusion of engaging in play, or may exhibit impoverished or unimaginative play.
Does the child play with others?	3	This level indicates a child who has significant difficulty with play both by herself and with others. Child does not engage in symbolic or means-end play, although he or she will handle and manipulate toys.

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Question ED-15

MODULE: AGES 0-5/EARLY DEVELOPMENT		
ATTACHMENT:		
This item focuses on the child's attachment with caregiver.		
Please rate the highest level from the past 30 days .		
	Rating	
Does the infant/child connect with caregivers?	0	No evidence of problems with attachment
Does the infant/child separate from caregiver?	1	Mild problems with attachment are present. Infants appear uncomfortable with caregivers, may resist touch, or appear anxious and clingy some of the time. Caregivers feel disconnected from infant. Older children may be overly reactive to separation or seem preoccupied with parent. Boundaries may seem inappropriate with others.
Are there appropriate boundaries?	2	Moderate problems with attachment are present. Infants may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development. Older children may have ongoing problems with separation, may consistently avoid caregivers or have inappropriate boundaries that put them at risk.
Is the behavior extreme enough to be diagnosed with Reactive Attachment Disorder?	3	Severe problems with attachment are present. Infant is unable to use caregivers to meet needs for safety and security. Older children present with either an indiscriminate attachment patterns or a withdrawn, inhibited attachment patterns. A child that meets the criteria for Reactive Attachment Disorder would be rated here.

Question ED-16

MODULE: AGES 0-5/EARLY DEVELOPMENT		
ADAPTABILITY:		
This item focuses on the child's ability to adjust.		
Please rate the highest level from the past 30 days .		
	Rating	
Does the infant/child easily adjust to changes?	0	Child has a strong ability to adjust to changes and transitions.
	1	Child has the ability to adjust to changes and transitions, when challenged the infant/child is successful with caregiver support.
Does the infant/child adjust with help from others?	2	Child has difficulties much of the time adjusting to changes and transitions even with caregiver support.
Does the infant/child have difficulty adjusting even with help from others?	3	Child has difficulties most of the time coping with changes and transitions. Adults are minimally able to impact child's difficulties in this area.

MODULES

Question ED-17

MODULE: AGES 0-5/EARLY DEVELOPMENT		
PERSISTENCE:		
This item focuses on the child's ability to continue an activity.		
Please rate the highest level from the past 30 days .		
	Rating	
<p>Does the infant/child have ability to continue with an activity?</p> <p>Does the infant/child continue the activity if challenged?</p> <p>Does the infant/child continue the activity if challenged with support?</p> <p>Does the infant/child usually have difficulty coping with the challenging task? Adults minimally have an impact on ability to demonstrate persistence.</p>	0	Infant/child has a strong ability to continue an activity when challenged or meeting obstacles.
	1	Infant/child has some ability to continue an activity that is challenging. Adults can assist a child to continue attempting the task or activity.
	2	Child has limited ability to continue an activity that is challenging and adults are only sometimes able to assist the infant/child in this area.
	3	Child has difficulties most of time coping with challenging tasks. Support from adults minimally impacts the child's ability to demonstrate persistence.

Question ED-18

MODULE: AGES 0-5/EARLY DEVELOPMENT		
EMPATHY FOR THE CHILD:		
This item focuses on the child's caregiver's ability to have support and understanding of child.		
Please rate the highest level from the past 30 days .		
	Rating	
<p>Does the caregiver have a strong capacity to understand how the child is feeling ?</p> <p>Does the caregiver have the ability to understand how the child is feeling most of the time?</p> <p>Does the caregiver have the ability to empathize in some situations?</p> <p>Does the lack of empathy impede development?</p>	0	Caregiver is strong in her capacity to understand how the child is feeling and consistently demonstrates this in interactions with the child.
	1	Caregiver has the ability to understand how the child is feeling in most situations and is able to demonstrate support the child in this area most of the time.
	2	Caregiver is only able to empathetic toward the child in some situations and at times the lack of empathy interferes with the child's growth and development.
	3	Caregiver shows not empathy for the child in most situations especially when the child is distressed. Caregiver's lack of empathy is impeding the child's development.

MODULES

Transitional-Age-Youth Module

The items in the Transitional Age Youth Module (TAY-1 to TAY-8) are intended to focus on elements of a young adults functioning that are important to the establishment of independence and the ability to take care of oneself.

Question TAY-1

MODULE: TRANSITIONAL AGE YOUTH		
INDEPENDENT LIVING SKILLS:		
This item focuses on the presence or absence of short or long-term risks associated with impairments in independent living abilities.		
Please rate the highest level from the past 30 days .		
Has youth ever lived independently?	Rating	
	0	This level indicates a person who is fully capable of independent living. No evidence of any deficits that could impede maintaining own home.
Does youth have problems managing money?	1	This level indicates a person with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet, and so forth. Problems with money management may occur at this level. These problems are generally able to be addressed with training or supervision.
Does youth have problems with hygiene or diet?		
Can youth cook, clean and manage themselves without help from anyone?	2	This level indicates a person with moderate impairment of independent living skills. Notable problems with completing tasks necessary for independent living are apparent. Difficulty with cooking, cleaning, and self-management when unsupervised would be common at this level. Problems are generally addressable with in-home services.
Can youth perform day-to-day tasks without help from anyone?	3	This level indicates a person with profound impairment of independent living skills. This individual would be expected to be unable to live independently given their current status. Problems require a structured living environment.

Question TAY-2

MODULE: TRANSITIONAL AGE YOUTH		
TRANSPORTATION:		
This item is used to rate the level of transportation required to ensure that the individual could effectively participate in her own treatment and in other life activities. Only unmet transportation needs should be rated here.		
Please rate the highest level from the past 30 days .		
How often does youth need transportation?	Rating	
	0	The individual has no transportation needs.
Does youth require a special vehicle to get to activities?	1	The individual has occasional transportation needs (e.g., appointments). These needs would be no more than weekly and not require a special vehicle.
	2	The individual has occasional transportation needs that require a special vehicle or frequent transportation needs (e.g., daily to work or therapy) that do not require a special vehicle.
Does youth have access and means to Public transportation?	3	The individual requires frequent (e.g., daily to work or therapy) transportation in a special vehicle.

MODULES

Question TAY-3

MODULE: TRANSITIONAL AGE YOUTH		
PARENTING ROLES:		
This item is intended to rate the youth in any caregiver roles. For example, an individual with a son or daughter or an individual responsible for an elderly parent or grandparent would be rated here. Include pregnancy as a parenting role.		
Please rate the highest level from the past 30 days .		
<p>Does the youth have children or care for an elderly parent?</p> <p>Is the youth pregnant?</p> <p>Does the youth have trouble caring for children or parents?</p> <p>Are parenting responsibilities keeping the youth from going to school or work?</p>	<p>Rating</p> <p>0</p> <p>1</p> <p>2</p> <p>3</p>	<p>The youth has no role as a parent/caregiver.</p> <p>The youth has responsibilities as a parent/caregiver but is currently able to manage these responsibilities.</p> <p>The youth has responsibilities as a parent/caregiver and either the youth is struggling with these responsibilities or they are currently interfering with the youth's functioning in other life domains.</p> <p>The youth has responsibilities as a parent/caregiver and the youth is currently unable to meet these responsibilities or these responsibilities are making it impossible for the youth to function in other life domains.</p>

Question TAY-4

MODULE: TRANSITIONAL AGE YOUTH		
PERSONALITY DISORDER:		
This rating identifies possible symptoms exhibited in Personality Disorders (DSM-IV Axis II): Cluster A (Paranoid, Schizoid, Schizotypal); Cluster B (Antisocial, Borderline, Histrionic, Narcissistic) and Cluster C (Avoidant, Dependent, Obsessive-Compulsive). Please note that the DSM-IV forbids the application of the term of "Antisocial Personality Disorder" before the age of 18, but does make reference to traits.		
Please rate the highest level from the past 30 days .		
<p>Does the youth exhibit inflexible and maladaptive emotional and/or behavioral day-to-day traits?</p> <p>Does the youth exhibit behavior that is withdrawn, suspicious, and quick to take offense while indifferent to praise or criticism? (Cluster A)</p> <p>Does the youth tend to be dramatic, emotional and attention-seeking, while being labile and shallow? (Cluster B)</p> <p>Does the youth tend to be anxious and tense, and often over controlled? (Cluster C)</p>	<p>Rating</p> <p>0</p> <p>1</p> <p>2</p> <p>3</p>	<p>No evidence of symptoms of a personality disorder.</p> <p>Evidence of mild degree, probably sub-threshold for the diagnosis of a personality disorder. For example, mild but consistent dependency in relationships might be rated here; or, some evidence of antisocial or narcissistic behavior. An unconfirmed suspicion of the presence of a diagnosable personality disorder would be rated here.</p> <p>Evidence of sufficient degree of personality disorder to warrant a DSM-IV Axis II diagnosis.</p> <p>Evidence of a severe personality disorder that has significant implications for the individual's long-term functioning. This personality disorder dramatically interferes with the individual's ability to function independently.</p>

MODULES

Question TAY-5

MODULE: TRANSITIONAL AGE YOUTH		
INTIMATE RELATIONSHIPS:		
This item is used to rate the individual's current status in terms of romantic/intimate relationships.		
Please rate the highest level from the past 30 days .		
<p>Does this youth enjoy a rewarding interpersonal relationship with age appropriate peer?</p> <p>If in a relationship, is it developing appropriately over time?</p> <p>Is the youth's "partnership" with another a problem either in terms of safety, well-being or lifestyle?</p>	Rating	
	0	An adaptive partner relationship exists. The youth has a strong, positive, partner relationship with an age-appropriate peer. This peer functions as a member of the family.
	1	A mostly adaptive partner relationship exists. The youth has a generally positive partner relationship with an age-appropriate peer. This peer may not function as a member of the family; however, this may be appropriate given the length of the relationship.
	2	A limited adaptive partner relationship exists. The youth is currently not involved in any partner relationship.
	3	Significant difficulties exist with a partner relationship. The youth is currently involved in a negative, unhealthy relationship.

Question TAY-6

MODULE: SEXUALITY		
GENDER IDENTITY		
This item refers to an individual's self-perception of gender.		
Please rate behavior in the past year .		
<p>Is child/youth able to state their self-perceived gender and is comfortable doing so?</p> <p>Does the youth's confusion or distress about her self-perceived gender place her at risk of harm from self or others?</p>	Rating	
	0	Child/Youth has clear and developmentally appropriate gender identity. A child/youth who is comfortable with their self-perceived gender would be rated here.
	1	Child/Youth is experiencing some concerns about gender identity.
	2	Child/Youth is experiencing confusion and distress about gender identity.
	3	Child/Youth is experiencing significant confusion about her gender identity that is placing her in significant personal or interpersonal conflict. Child/youth is at considerable risk of harm (from self or others) because of confusion or the confusion is disabling the youth in a least one life domain.

MODULES

Question TAY-7

MODULE: SEXUALITY		
SEXUAL ORIENTATION:		
This item refers to an individual's sexual orientation.		
Please rate behavior in the past year		
<p>Does the child/youth exhibit a sense of comfort about her assigned sex?</p> <p>Does the youth's confusion or distress about her sexual identity place her at risk of harm from self or others?</p>	Rating	
	0	Child/Youth has either no issues or a clear and developmentally-appropriate sexual orientation. A child/youth who has an identified sexual orientation with no significant confusion or distress would be rated here.
	1	Child/Youth is experiencing some concerns about sexual orientation.
	2	Child/Youth is experiencing confusion and distress about sexual orientation.
	3	Child/Youth is experiencing significant confusion about her sexual orientation that is placing her in significant personal or interpersonal conflict. Child/Youth is at considerable risk of harm (from self or others) because of confusion or the confusion is disabling the youth in a least one life domain.

Question TAY-8

MODULE: TRANSITIONAL AGE YOUTH		
MEDICATION COMPLIANCE:		
This item focuses on the level of the individual's willingness and participation in taking prescribed medications.		
Please rate the highest level from the past 30 days .		
<p>Is youth prescribed medication?</p> <p>Is youth prescribed psychotropic medication?</p> <p>Has youth ever had trouble remembering to take medication?</p> <p>Has youth ever refused to take prescribed medication?</p> <p>Has youth ever overused medication to get "high" or as an attempt at self-harm?</p>	Rating	
	0	This level indicates a person who takes any prescribed medications as prescribed and without reminders, or a person who is not currently on any psychotropic medication.
	1	This level indicates a person who will take prescribed medications routinely, but who sometimes needs reminders to maintain compliance. Also, a history of medication noncompliance but no current problems would be rated here.
	2	This level indicates a person who is somewhat non-compliant. This person may be resistant to taking prescribed medications or this person may tend to overuse her medications. She might comply with prescription plans for periods of time (1-2 weeks) but generally does not sustain taking medication in prescribed dose or protocol.
	3	This level indicates a person who has refused to take prescribed medications during the past 30 day period or a person who has abused her medications to a significant degree (i.e., overdosing or over-using medications to a dangerous degree).

MODULES

Question TAY-9

MODULE: TRANSITIONAL AGE YOUTH		
EDUCATIONAL ATTAINMENT:		
This item focuses the degree to which the individual has completed, or progressed toward, her planned education.		
Please rate the highest level from the past 30 days .		
Does youth have educational goals?	Rating	
Has youth achieved or made progress toward educational goals? How is youth's educational attainment affecting youth's lifetime vocational functioning?	0	Individual has achieved all educational goals. Or, she has no educational goals; however, this has no impact on lifetime vocational functioning.
	1	Individual has set educational goals and is currently making progress towards achieving them.
	2	Individual has set educational goals but is currently not making progress towards achieving them.
	3	Individual has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning.

Question TAY-10

MODULE: TRANSITIONAL AGE YOUTH		
VICTIMIZATION:		
This item is used to examine a history and level of current risk for victimization.		
Please rate the highest level using time periods provided in anchors .		
Has youth been victimized in the past year?	Rating	
Does youth have a pattern of victimization? Is youth at risk of being re-victimized? Does the lifestyle or immediate environment of this youth contribute to the likelihood of being a "victim"?	0	This level indicates a person with no evidence of recent victimization and no significant history of victimization within the past year . The person may have been robbed or burglarized on one or more occasions in the past, but no pattern of victimization exists. Person is not presently at risk for re-victimization.
	1	This level indicates a person with a history of victimization, but who has not been victimized to any significant degree in the past year . Person is not presently at risk for re-victimization.
	2	This level indicates a person who has been recently victimized (within the past year) but is not in acute risk of re-victimization. This might include physical or sexual abuse, significant psychological abuse by family or friend, extortion or violent crime.
	3	This level indicates a person who has been recently victimized and is in acute risk of re-victimization . Examples include working as a prostitute and living in an abusive relationship.

MODULES

FAMILY DIFFICULTIES MODULE

The Family Difficulties Module includes items (FAM-1 to FAM-8) that are intended to clarify specifics the relationship child/youth has with salient family members.

Question: FAM-1

MODULE: FAMILY DIFFICULTIES		
RELATIONSHIP WITH BIOLOGICAL MOTHER ONLY:		
This item refers to the connection with the mother who gave birth to child.		
Please rate the highest level from the past 30 days .		
<p>How does the child's/youth's get along with her biological mother?</p> <p>Is there any attachment between the child/youth and her biological mother?</p> <p>Are there problems between the child/youth and her biological mother?</p>	<p>Rating</p>	<p>0</p> <p>An adaptive relationship exists. Child/Youth has a generally positive relationship with bio-mother. Has formed a secure attachment, and can turn to mother for security, comfort or guidance.</p> <p>1</p> <p>A mostly adaptive relationship exists. Child/Youth has a somewhat positive relationship with biological mother. The child/youth appears to have mild attachment problems that interfere with her ability to turn to mother for comfort or guidance. Or, no contact with bio-mother; however, child/youth has other positive maternal relationship and does not appear to have attachment problems.</p> <p>2</p> <p>A limited adaptive relationship exists. Child/Youth has a somewhat negative relationship with biological mother. The child/youth appears to have moderate attachment problems that interfere with her ability to turn to mother for security, comfort, or guidance.</p> <p>3</p> <p>Significant difficulties exist with the relationship. Child/Youth has no ongoing relationship with her biological mother. The child/youth appears to have severe attachment problems</p>

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Question: FAM-2

MODULE: FAMILY DIFFICULTIES		
RELATIONSHIP WITH BIOLOGICAL FATHER ONLY:		
This item refers to the connection with the father who child/youth understands is the birth father.		
Please rate the highest level from the past 30 days .		
How does the child's/youth's get along with her biological father?	Rating	
	0	An adaptive relationship exists. Child/Youth has a generally positive relationship with bio-father. Has formed a secure attachment, and can turn to dad for security, comfort or guidance.
Is there any attachment between the child/youth and her biological father?	1	A mostly adaptive relationship exists. Child/Youth has a somewhat positive relationship with bio-father. The child/youth appears to have mild attachment problems that interfere with her ability to turn to dad for comfort or guidance. Or, no contact with bio-father; however, child/youth has other positive paternal relationship and does not appear to have attachment problems.
Are there problems between the child/youth and her biological father?	2	A limited adaptive relationship exists. Child/Youth has a somewhat negative relationship with biological father. The child/youth appears to have moderate attachment problems that interfere with her ability to turn to father for security, comfort, or guidance.
	3	Significant difficulties exist with the relationship. Child/Youth has no ongoing relationship with her biological father. The child/youth appears to have severe attachment problems.

Question: FAM-3

MODULE: FAMILY DIFFICULTIES		
RELATIONSHIP WITH PRIMARY CAREGIVER:		
This item refers to the youth's relationship with whomever is her primary caregiver currently. This may, or may not, be a biological parent or relative.		
Please rate the highest level from the past 30 days .		
How does the child's/youth's get along with her primary caregiver?	Rating	
	0	An adaptive relationship exists. Child/Youth has a generally positive relationship with primary caregiver. The child/youth appears to have formed a secure attachment, and can turn to primary caregiver for security, comfort or guidance.
Is there any attachment between the child/youth and her primary caregiver?	1	A mostly adaptive relationship exists. Child/Youth has a somewhat positive relationship with primary caregiver. The child/youth appears to have mild attachment problems that interfere with her ability to turn to primary caregiver for security, comfort, or guidance.
Are there problems between the child/youth and her primary caregiver?	2	A limited adaptive relationship exists. Child/Youth has a somewhat negative relationship with primary caregiver. The child/youth appears to have moderate attachment problems that interfere with her ability to turn to primary caregiver for security, comfort, or guidance.
	3	Significant difficulties exist with the relationship. Child/Youth has no ongoing relationship with her primary caregiver. The child/youth appears to have severe attachment problems.

MODULES

Question: FAM-4

MODULE: FAMILY DIFFICULTIES		
RELATIONSHIPS AMONG SIBLINGS:		
This item refers to how the children in the family (e.g., full siblings, half-siblings, step-siblings, and adoptive siblings) get along with each other.		
Please rate the highest level from the past 30 days .		
How does the child's/youth's get along with her siblings?	Rating	
	0	Adaptive relationships exist. Siblings generally get along well. Occasional fights or conflicts between them occur, but are quickly resolved. Or, child/youth has not siblings.
Is there any attachment between the child/youth and her siblings?	1	Mostly adaptive relationships exist. Siblings generally get along, however, when fights or conflicts arise there is some difficulty in resolving them.
Are there problems between the child/youth and her siblings?	2	Limited adaptive relationships exist. Siblings often do not get along. They generally attempt to resolve their fights or conflicts but have limited success in doing so.
Has there ever been any violence between the child/youth and her siblings?	3	Significant difficulties exist with the relationships. Siblings do not get along. The relationships are marked by detachment or active, continuing conflicts, and may include physical violence.

Question: FAM-5

MODULE: FAMILY DIFFICULTIES		
PARENTAL/CAREGIVER COLLABORATION:		
This item refers to the relationship between parents (or other primary caregivers) with regard to working together in child rearing activities. Parents may, or may not, reside together.		
Please rate the highest level from the past 30 days .		
How does the child's/youth's parent get along with the child's/youth's caregiver?	Rating	
	0	Adaptive collaboration takes place. Parents usually work together regarding issues of the development and well-being of the children. They are able to negotiate disagreements related to their children.
Are there problems between the child's/youth's parent and the child's/youth's caregiver?	1	Mostly adaptive collaboration takes place. Generally good parental collaboration with occasional difficulties negotiating miscommunications or misunderstanding regarding issues of the development and well-being of the children.
	2	Limited adaptive collaboration takes place. Moderate problems of communication and collaboration between two or more adult caregivers with regard to issues of the development and well-being of the youth.
Do the child's/youth's parent(s) and caregiver collaborate well together?	3	Significant difficulties take place with collaboration. Minimal collaboration and destructive or sabotaging communication among any parents regarding issues related to the development and well-being of the youth.

MODULES

Question: FAM-6

MODULE: FAMILY DIFFICULTIES		
FAMILY COMMUNICATION:		
This item refers to the ability of all family members to talk to each other about their thoughts and feelings. It should only be about communication within the family (does not have to be in the same home but in the same geographic area).		
Please rate the highest level from the past 30 days .		
Is the family able to communicate with one another?	Rating	
	0	Adaptive communication occurs. Family members generally are able to directly communicate important information among each other. Family members are able to understand each other's feelings and needs.
Does the family speak directly to one another?	1	Mostly adaptive communication occurs. Family members can communicate important information among each other. Some individuals or certain topics are excluded from direct communication. Mutual understanding is inconsistent.
Do family members have difficulty understanding each other's needs?	2	Limited adaptive communication occurs. Family members generally are unable to directly communicate important information among each other. Family members have difficulties understanding each other's feelings and needs.
	3	Significant difficulties occur with communication. Family members communicate mostly through indirect, covert means or there is no sharing of important information at all. They are not able to understand each other's feelings or needs.

Question: FAM-7

MODULE: FAMILY DIFFICULTIES		
FAMILY ROLE APPROPRIATENESS:		
This item refers to the ability of family members to separate themselves as individuals and appropriately separate communication with various family members (e.g., maintain appropriate boundaries). Hierarchies refer to the organization of decision-making authority in the family.		
Please rate the highest level from the past 30 days .		
Are there appropriate boundaries in place among family members?	Rating	
	0	Adaptive boundaries are present. Family has strong appropriate boundaries among members. Clear inter-generational hierarchies are maintained.
Are there role confusions among family members?	1	Mostly adaptive boundaries are present. Family has generally appropriate boundaries and hierarchies. May experience some minor blurring of roles.
	2	Limited adaptive boundaries are present. Family has difficulty maintaining appropriate boundaries and/or hierarchies. Some significant role problems exist.
	3	Significant difficulties with boundaries are present. Family has significant problems with establishing and maintaining reasonable boundaries and hierarchies. Significant role confusion or reversals may exist.

MODULES

Question: FAM-8

MODULE: FAMILY DIFFICULTIES		
FAMILY CONFLICT:		
This item refers to how much fighting occurs between family members. Domestic violence refers to physical fighting in which family members might get hurt (also refers to the same geographic area, not limited to household).		
Please rate the highest level from the past 30 days .		
How does the child's/youth's family get along?	Rating	
	0	Minimal conflict is present. Family gets along well and negotiates disagreements appropriately.
Are there problems between family members?	1	Some Conflict is present. Family generally gets along fairly well but when conflicts arise resolution is difficult.
	2	Significant conflict is present. Family is generally argumentative and conflict is a fairly constant theme in family communications.
Has there ever been any violence?	3	Domestic violence is present. Threat or occurrence of physical, verbal or emotional altercations. Family with a current restraining order against one member would be rated here.
How is the child's/youth's family getting along right now?		

MODULES

DEVELOPMENTAL NEEDS (DD) MODULE

The Developmental Needs (DD) Module items (DD-1 to DD-4) are intended to provide more detailed information when there is evidence of a developmental delay.

Question DD-1

MODULE: DEVELOPMENTAL NEEDS (DD)		
COGNITIVE:		
This item refers to the youth's level of intellectual functioning. This includes the child/youth's ability to explore, learn from and problem-solve within the environment. This includes child's ability to gather, sort and process information.		
Please rate the highest level from the past 30 days .		
How does the child/youth function intellectually?	Rating	
	0	Child's intellectual functioning appears to be in normal range. There is no reason to believe that the child/youth has any problems with intellectual functioning.
	1	Child/Youth has low IQ (70 to 85) or has identified learning challenges.
	2	Child/Youth has mild mental retardation. IQ is between 55 and 70.
	3	Child/Youth has moderate to profound mental retardation. IQ is less than 55.

Question DD-2

MODULE: DEVELOPMENTAL NEEDS (DD)		
COMMUNICATION:		
This item refers to the youth's ability to express her thoughts and comprehend the language of others. This rating refers to the child/youth's ability to receive and understand a message, command or other form of expression. It is also used to rate a child/youth's ability to "get a message across."		
Please rate the highest level from the past 30 days .		
Does the child/youth communicate with others at an age-appropriate level?	Rating	
	0	Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child/youth has any problems communicating.
	1	Child/Youth has receptive communication skills but limited expressive communication skills
	2	Child/Youth has both limited receptive and expressive communication skills.
	3	Child/Youth is unable to communicate.

MODULES

Question DD-3

MODULE: DEVELOPMENTAL NEEDS (DD)		
DEVELOPMENTAL:		
This item focuses on the child/youth progress in developmental skills (e.g., gross motor, fine motor, language, cognitive and social). This item also refers to a child/youth reaching developmental milestones, such as holding head up, sitting, crawling, walking, vocalizing, etc. within a normal range.		
Please rate the highest level from the past 30 days .		
When did the child/youth begin walking?	Rating	
Were developmental milestones met within normal time periods?	0	Child's development appears within normal range. There is no reason to believe that the child/youth has any developmental problems.
	1	Evidence of a mild developmental delay.
	2	Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay.
	3	Severe developmental disorder.

Question DD-4

MODULE: DEVELOPMENTAL NEEDS (DD)		
SELF-CARE DAILY LIVING SKILLS:		
This item focuses on the child/youth's ability to independently perform daily routines and typical self-care tasks (e.g., brushing teeth, putting on pajamas, toileting, eating, etc.).		
Please rate the highest level from the past 30 days .		
How is the youth's hygiene compared to age-mates?	Rating	
Does the child/youth require prompting or assistance to eat, bathe, toilet, or dress?	0	Child's self-care and daily living skills appear developmentally-appropriate. There is no reason to believe that the child/youth has any problems performing daily living skills.
	1	Child/Youth requires verbal prompting on self-care tasks or daily living skills.
	2	Child/Youth requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g., eating, bathing, dressing, and toileting).
	3	Child/Youth requires attendant care on more than one of the self-care tasks-eating, bathing, dressing, toileting.

MODULES

SEXUALITY MODULE (SEX-RELATED PROBLEMS)

This module (S-1 to S-6) focuses on issues around sexual development including developmentally inappropriate sexual behavior and problematic sexual behavior. Sexual orientation or gender identity issues could be rated here if they are leading to difficulties.

Question S-1

MODULE: SEXUALITY		
PROMISCUITY:		
This item refers to sexual behavior involving multiple partners not in relationships or very rapid transitions to new relationships to justify sexual behavior.		
Please rate behavior during the past year .		
<p>Has the child/youth engaged in sexual activity with multiple partners in this past year?</p> <p>Does the child/youth become sexually involved with partners outside of a committed relationship?</p> <p>Is the child/youth at risk for contracting a sexual-transmitted disease?</p>	Rating	
	0	Child/Youth exhibits no problems or history of promiscuous sexual behavior.
	1	Child/Youth has lifetime history of promiscuous sexual behavior but has either been monogamous or celibate for the past year.
	2	Child/Youth engages in promiscuous sexual behavior involving multiple partners.
	3	Child/Youth engages in a dangerous level of promiscuous behavior involving multiple partners in unprotected high-risk sexual behavior or with partners who are abusive or otherwise physically dangerous.

Question S-2

MODULE: SEXUALITY		
MASTURBATION:		
This item refers to the child's/youth's level of appropriateness in regards to sexual self-stimulation.		
Please rate behavior in the past 30 days .		
<p>What is the nature of the youth's masturbatory activity?</p> <p>Do others complain of her activities?</p> <p>Has she ever engaged in public masturbation?</p>	Rating	
	0	When and if the child/youth masturbates, it is kept private and discrete.
	1	Child's masturbatory behavior is private but not always discrete. For example, a child/youth who gets caught masturbating multiple times by caregiver.
	2	Child/Youth engages in frequent masturbatory behavior that interferes with her functioning. An occasion of public masturbation might be rated here.
	3	Child/Youth engages in masturbatory behavior that places them at high risk for significant sanctions. Multiple public masturbations would be rated here.

MODULES

Question S-3

MODULE: SEXUALITY		
REACTIVE SEXUAL BEHAVIOR:		
This item refers to sexually reactive behaviors which include age-inappropriate sexualized behaviors that may place a child/youth at risk for victimization or risky sexual practices.		
Please rate using time frames provided in the anchors.		
Does the child/youth exhibit sexualized behavior possibly indicative of a history of sexual abuse?	Rating	
	0	Child/Youth has not engaged in any sexual behavior that appears to be imitating previous sexual abuse.
	1	Child/Youth has history of sexual abuse that places her at risk of sexually reactive behavior or has a history of sexual behavior that appears to imitate or mirror prior abuse but has not engaged in such behavior for more than one year.
	2	Child/Youth engages in sexual behavior that imitates/mirrors or is related to previous sexual abuse in the past year.
	3	Child/Youth engages in sexual behavior that mirror or is related to previous sexual abuse that places either the child/youth or others in significant danger of harm in the past year.

Question S-4

MODULE: SEXUALITY		
KNOWLEDGE OF SEX:		
This item refers to the child's/youth's level of awareness of sexual behavior.		
Please rate behavior in the past 30 days .		
Does the child/youth have an age-appropriate knowledge of sex and sexual behavior?	Rating	
	0	Child/Youth has a developmentally appropriate level of knowledge about sex and sexuality.
	1	Child/Youth may be more knowledgeable about sex and sexuality than would be indicated by their age, and does not have a deficit of knowledge.
	2	Child/Youth has significant deficits in knowledge about sex or sexuality. These deficits interfere with child's functioning in at least one life domain.
	3	Child/Youth has significant deficits in knowledge about sex and/or sexuality that places her at risk for significant physical or emotional harm.

MODULES

Question S-5

MODULE: SEXUALITY		
CHOICE OF RELATIONSHIPS:		
This item refers to the child's/youth's judgment in choosing intimate partners.		
Please rate behavior in the past 30 days .		
Does the youth become involved with sexual partners who promote the youth's well-being?	Rating	
	0	Child/Youth demonstrates developmentally appropriate choices in relationships with a potential sexual component.
	1	Child/Youth has history of poor choices in selecting relationships with regard to sexuality.
	2	Child/Youth currently or recently has exhibited poor choices in terms of selecting relationships for reasons involving sexuality.
	3	Child/Youth involves self in notably inappropriate or dangerous relationships for reasons involving sexuality.

Question S-6

MODULE: SEXUALITY		
SEXUAL EXPLOITATION:		
This item refers to an individual's involvement, or risk of involvement, in sexually exploitive activities		
Please rate behavior in the past year		
Does the Child/Youth engaged in sexuality in order to obtain something? Does the Child/Youth interact with others who are exchanging sex for money or items?	Rating	
	0	Child/Youth may, or may not, engage in sexual interactions; however there is no evidence of being sexually exploited or engaging in a sexual act in exchange for favors or items (e.g., cell phone). Additionally, child/youth is not at risk for being groomed for this type of exploitation.
	1	There is no evidence of sexual exploitation; however, child/youth is perceived to be at risk for being groomed for sexual exploitation (e.g., pattern of internet relationships).
	2	Sexual interactions are occurring, but are not due to exploitation or bartering with sex; however, the interactions appear to be partially related to an exchange (e.g., social prestige). There is no direct payment for sex and activities are not directed by a pimp.
	3	Sexual activities are done in exchange for money or items (e.g., cell phones, food, and clothing). Activities may, or may not, be directed by a pimp. Child/Youth may, or may not, be engaging in such acts willingly.

MODULES

SCHOOL MODULE

Items in this module (Sch-1 to Sch-8) focus on several different elements/experiences that may impact a child's functioning in school. It is completed if a child/youth is rated as a "2" or "3" on any of the three school related items in Life Domain Functioning.

Question Sch-1

MODULE: SCHOOL		
ATTENTION – CONCENTRATION IN SCHOOL:		
This item refers to the child's ability to focus on tasks in academic settings.		
Please rate the highest level from the past 30 days .		
How well does the child/youth focus on assigned tasks?	Rating	
	0	Child/Youth is able to focus on tasks and complete them in a timely manner within her current academic setting.
Does she take instructions well?	1	Child/Youth is having some minor problems staying on task and managing time wisely within her academic setting. Attention does not interfere with school functioning.
Does she need frequent redirection?	2	Child/Youth is having some moderate problems staying on task and managing time wisely within her academic setting. Attention interferes with the child/youth's ability to perform in school.
	3	Child/Youth is experiencing severe disruptions staying on task and managing time wisely within her academic setting. These problems prevent the child/youth from functioning in school.

Question Sch-2

MODULE: SCHOOL		
SENSORY INTEGRATION DIFFICULTIES IN SCHOOL:		
This item is intended to capture, as it occurs in an academic setting, how well the child/youth is able to process the information received from all sensory systems within the body and integrate this into the surrounding environment.		
Please rate the highest level from the past 30 days .		
Is the child/youth over- or under-sensitive to touch, movement, sights or sounds?	Rating	
	0	The Child/Youth is able to integrate sensory experiences within her current academic setting.
Does the child/youth have poor body perception?	1	There is history of, or suspicion of the child/youth having some minor problems integrating sensory experiences within her academic setting; however, no intervention or help is needed at this time.
Does the child/youth have difficulty learning new movements?	2	The Child/Youth has some moderate problems integrating sensory experiences which are negatively impacting the child's ability to function within her academic setting.
	3	The Child/Youth has major disruptions due to her inability to integrate sensory experiences and these are severely impacting her ability to function within her academic setting.

MODULES

Question Sch-3

MODULE: SCHOOL		
AFFECT DYSREGULATION IN SCHOOL:		
This item rates the child/youth's ability to react to an event at school within the normal range of emotions. This rating can apply to such things as handling a poor test score, being reprimanded by a teacher, and having a disagreement with a peer. If the child/youth appears to overreact to these situations, then the rating would be higher.		
Please rate the highest level from the past 30 days .		
Does the child/youth have stronger than typical reactions to everyday frustrations?	Rating	
	0	Child/Youth has no problems with affect regulation related to her academic functioning.
	1	History of, or suspicion of, the child/youth having problems with affect dysregulation; however, no intervention or help is needed at this time.
Does the child/youth have mood fluctuations?	2	Child/Youth has significant problems with affect regulation but is able to control affect at times. Problems with affect regulation interfere with child's functioning at school.
Does the child/youth have angry outbursts?	3	Child/Youth is unable to regulate affect and this is having a severe impact upon the child's functioning at school.

Question Sch-4

MODULE: SCHOOL		
ANXIETY IN SCHOOL:		
This item describes the child's level of fearfulness, worrying or other characteristics of anxiety that impact her ability to function at school.		
Please rate the highest level from the past 30 days .		
Does the child/youth have any problems with anxiety or fearfulness?	Rating	
	0	No evidence or indication of anxiousness in school.
	1	History of, or suspicion of, anxiety problems associated with the school environment; however, no intervention or help is needed at this time.
Is she avoiding normal school activities out of fear?	2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in the school environment.
Does the child/youth act frightened or afraid during school activities?	3	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child/youth to function in the school environment.

MODULES

Question Sch-5

MODULE: SCHOOL		
DEPRESSION IN SCHOOL:		
This item describes the presence and impact of depressive symptoms within school. All depressive symptoms may be considered including: irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation.		
Please rate the highest level from the past 30 days .		
Does the child/youth appear to be depressed or irritable at school?	Rating	
	0	No indication of depressed mood impacting school activities.
	1	History of, or suspicion of, depressive symptoms impacting the child's functioning in the school environment; however, no intervention or help is needed at this time.
Has she withdrawn from normal activities at school?	2	Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child's ability to function at school.
Does the child/youth seem lonely or not interested in others at school?	3	Clear evidence of disabling level of depression that makes it virtually impossible for the child/youth to function at school.

Question Sch-6

MODULE: SCHOOL		
PEER RELATIONS IN SCHOOL:		
This item refers to the child's ability to relate to and get along with peers within the academic setting.		
Please rate the highest level from the past 30 days .		
How well does the child/youth get along with others?	Rating	
	0	Child/Youth relates to and gets along well with peers at school.
	1	Child/Youth is having some minor problems relating to and getting along with peers at school.
Does he/she make new friends easily?	2	Child/Youth is having some moderate problems relating to and getting along with peers at school.
Has she kept friends a long time or does she tend to change friends frequently?	3	Child/Youth is experiencing severe disruptions relating to and getting along with peers at school.

MODULES

Question Sch-7

MODULE: SCHOOL		
OPPOSITIONAL IN SCHOOL:		
This item is intended to capture how the child/youth relates to school authority (e.g., teachers or other school personnel). Oppositional behavior is different from conduct disorder in that the emphasis of the behavior is on non-compliance rather than on breaking social rules or norms.		
Please rate the highest level from the past 30 days .		
Does the child/youth do what is she is asked to do?	Rating	
	0	No indication of oppositional behaviors in school.
	1	History of, or suspicion of, oppositional behaviors toward school staff; however, no intervention or help is needed at this time.
Has a teacher or other adult said that the child/youth does not follow rules or directions?	2	Clear evidence of oppositional and/or defiant behavior towards teachers and/or other school personnel, that is currently interfering with the child's functioning in the school environment.
Does the child/youth argue when a teacher or other school personnel tries to get her to do something?	3	Clear evidence of a significant level of oppositional behavior that is interfering with the child's ability to participate in school to the point of risking disciplinary actions (e.g., suspension or expulsion).

Question Sch-8

MODULE: SCHOOL		
CONDUCT IN SCHOOL:		
This item is intended to address the impact of conduct (Antisocial) behavior problems like fighting, intimidation, stealing, or sexual activity on school grounds or destruction of school property.		
Please rate the highest level from the past 30 days .		
Has the child/youth ever shown violent or threatening behavior toward peers?	Rating	
	0	No indication of conduct problems in school.
	1	History of, or suspicion of, conduct behavior problems while in school; however, no intervention or help is needed at this time.
Has the child/youth stolen from peers?	2	Clear evidence of conduct behavior problems including but not limited to lying, stealing, manipulating peers, sexual aggression, and violence towards peers or property. These behaviors are impacting child's ability to participate in school.
Has the child/youth engaged in sexual activity on campus?	3	Evidence of a severe level of conduct problems as described above that places the child/youth or community at significant risk of physical harm due to these behaviors. Behaviors have resulted in, or are very likely to result in, disciplinary actions (e.g., suspension or expulsion).

MODULES

PERMANENCY MODULE

Item in this module (Perm-1 to Perm-8) focus on elements/issues that are critical to the development of permanent relationships upon which a child/youth can depend throughout young adulthood and into adulthood. The goal of permanency is to have lifelong, meaningful, and supportive relationships. This module is completed if a score of “2” or “3” is rated for the Relationship Permanence item within Child/Youth Strengths.

Question Perm-1

MODULE: PERMANENCY		
SIBLINGS:		
This item refers to the nature of the youth’s relationship with siblings, step-siblings, and half-siblings. If the youth has no siblings, please rate at 0, as it indicates no improvement or efforts are needed to ameliorate difficulties.		
Please rate using the time frame of the past one year .		
What is the nature of the relationship between the child/youth and her siblings, step-siblings, and half-siblings?	Rating	
	0	Siblings are currently in child’s life and are likely to continue to be an ongoing and meaningful presence. They have a good relationship. A youth with no siblings is rated here.
Is there consistent contact between them?	1	Siblings are currently in child’s life but it is not certain if siblings will continue to be in child’s life. Relationship between siblings and child/youth may be unstable; however, no intervention or help is needed at this time.
How does her respond to potential visits with them?	2	Future of sibling relations is uncertain and currently they are either not consistently in child’s life, have had occasional contact with child, or contacts include such difficulties that future stable relations are not likely.
	3	Siblings are <i>not</i> in child’s life and have not had contact with child/youth in the past year. Location of siblings may be unknown. Relationship between siblings and child/youth is unstable. Without intervention or change, future relations are not possible.

MODULES

Question Perm-2

MODULE: PERMANENCY		
BIOLOGICAL/ADOPTIVE MOTHER:		
This item refers to the nature of the youth's relationship with her biological or adoptive mother. Mother ideally should be defined by the child/youth (i.e., whomever the child/youth considers the mother).		
Please rate using the time frame of the past one year .		
What is the nature of the relationship between the child/youth and her biological or adoptive mother?	Rating	
	0	Mother is currently in child's life and is likely to continue to be an ongoing and meaningful presence. The quality of the relationship is good enough that contact throughout life is expected.
Is there consistent contact between them?	1	Mother is currently in child's life but it is not certain if mother will continue to be in child's life. Relationship between mother and child/youth may be unstable; however, no intervention or help is needed at this time.
How does mother respond to visits?	2	Future of mother/child/youth relations is uncertain and currently mother is either not consistently in child's life, has had occasional contact with child, or contacts include such difficulties that future stable relations are not likely.
	3	Mother is <i>not</i> in child's life and has not had contact with child/youth in the past year. Location of mother may be unknown. Relationship between mother and child/youth is unstable. Without intervention or change, future relations are not possible.

Question Perm-3

MODULE: PERMANENCY		
BIOLOGICAL/ADOPTIVE FATHER:		
This item refers to the nature of the youth's relationship with her biological or adoptive father. Father ideally should be defined by the child/youth (i.e., whomever the child/youth considers the father).		
Please rate using the time frame of the past one year .		
What is the nature of the relationship between the child/youth and her biological or adoptive father?	Rating	
	0	Father is currently in child's life and is likely to continue to be an ongoing and meaningful presence. The quality of the relationship is good enough that contact throughout life is expected.
Is there consistent contact between them?	1	Father is currently in child's life but it is not certain if father will continue to be in child's life. Relationship between father and child/youth may be unstable; however, no intervention or help is needed at this time.
How does father respond to visits?	2	Future of father/child/youth relations is uncertain and currently father is either not consistently in child's life, has had occasional contact with child, or contacts include such difficulties that future stable relations are not likely.
	3	Father is not in child's life and has not had contact with child/youth in the past year. Location of father may be unknown. Relationship between father and child/youth is unstable. Without intervention or change, future relations are not possible.

MODULES

Question Perm-4

MODULE: PERMANENCY		
OTHER SIGNIFICANT ADULTS:		
This item refers to the nature of the youth's relationship with other significant adults such as relatives, mentors, CASAs, coaches, neighbors, teachers and family friends. These would be adults who are willing to have a stable and loving relationship with child. To formulate the rating, consider the most positive relationship in the child's life.		
Please rate using the time frame of the past one year .		
<p>What is the nature of the relationship between the child/youth and other important adults in her life such as relatives, mentors, CASAs, coaches, neighbors, teachers and family friends?</p> <p>Is there an adult, not in a professional role, who is invested in the child's development as a person?</p>	Rating	
	0	Another significant adult or other adults are currently in child's life and are likely to continue to be an ongoing and meaningful presence. Child/youth and other adult(s) have a good relationship.
	1	Another significant adult or other adults are currently in child's life but it is not certain if they will continue to be in child's life. Relationship between the other adults and child/youth may be unstable; however, no intervention or help is needed at this time.
	2	Another significant adult is <i>not</i> currently in child's life, but child/youth has had occasional contact with a significant adult within the last year. Relationship between another adult and child/youth is unstable and future stable relations are not likely.
	3	Child/Youth does not have any relationships with other significant adults. Without intervention or change, future significant stable relations are not possible.

Question Perm-5

MODULE: PERMANENCY		
CURRENT LIVING SITUATION:		
This item refers to the stability of the placement in which the child/youth currently resides.		
Please rate using the time frame of the past one year .		
<p>Where does the child/youth reside?</p> <p>What are the expectations of this residence being available after the child's 18th birthday?</p>	Rating	
	0	Child/Youth lives with adoptive/biological parents or legal guardian and there are no plans to move child. It is expected that this residence would continue past the child's 18 th birthday.
	1	Child/Youth lives with adoptive/biological parents or legal guardian and it has been indicated that staying past 18 th birthday is likely; however, there may be problems in the home that can eventually result in removal of the child.
	2	Child/Youth is in a foster home. Caregivers may or may not be pursuing adoption or guardianship. It is not likely that this residence will continue past the child's 18 th birthday.
	3	Child/Youth is in a residential placement (e.g., group home). It is not expected for this residence to be available past the child's 18 th birthday.

MODULES

Question Perm-6

MODULE: PERMANENCY										
GRIEF AND LOSS:										
This item indicates the child's level of unresolved loss, which could include multiple placements or death of, or being separated from parents, siblings or significant others. This item will help indicate if child/youth is ready to develop significant new relationships or reestablish and maintain old ones.										
Please rate using the time frame of the past one year .										
<p>What types of losses (e.g., separation from parent, death of parent, loss of pet) has the child/youth experienced?</p> <p>What has been the nature of placement changes for the child?</p> <p>Are there emotional outbursts apparently connected to grief and loss?</p>	<p>Rating</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">0</td> <td>No significant losses or the child/youth has successfully gone through the grieving process. Child/youth is able to form new relationships.</td> </tr> <tr> <td style="text-align: center;">1</td> <td>Child/Youth has had losses and is going through grieving process. Child/Youth is trying and wants to form relationships.</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Child/Youth has had losses and is going through grieving process. Child/Youth is still angry and expresses grief through acting out, behaving aggressively toward others or other maladaptive behavior. Child/Youth may not be able to form new relationships.</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Child/youth has had losses and has <i>not started</i> grieving process. Child/Youth is still in shock or denial about loss and may exhibit symptoms of PTSD, ODD, or RAD, in addition to maladaptive behavior. Child/youth is not ready to form relationships.</td> </tr> </table>	0	No significant losses or the child/youth has successfully gone through the grieving process. Child/youth is able to form new relationships.	1	Child/Youth has had losses and is going through grieving process. Child/Youth is trying and wants to form relationships.	2	Child/Youth has had losses and is going through grieving process. Child/Youth is still angry and expresses grief through acting out, behaving aggressively toward others or other maladaptive behavior. Child/Youth may not be able to form new relationships.	3	Child/youth has had losses and has <i>not started</i> grieving process. Child/Youth is still in shock or denial about loss and may exhibit symptoms of PTSD, ODD, or RAD, in addition to maladaptive behavior. Child/youth is not ready to form relationships.
0	No significant losses or the child/youth has successfully gone through the grieving process. Child/youth is able to form new relationships.									
1	Child/Youth has had losses and is going through grieving process. Child/Youth is trying and wants to form relationships.									
2	Child/Youth has had losses and is going through grieving process. Child/Youth is still angry and expresses grief through acting out, behaving aggressively toward others or other maladaptive behavior. Child/Youth may not be able to form new relationships.									
3	Child/youth has had losses and has <i>not started</i> grieving process. Child/Youth is still in shock or denial about loss and may exhibit symptoms of PTSD, ODD, or RAD, in addition to maladaptive behavior. Child/youth is not ready to form relationships.									

Question Perm-7

MODULE: PERMANENCY										
FAMILY IDENTITY AND BELONGING:										
This item indicates the child's sense of family identity and belonging.										
Please rate using the time frame of the past one year .										
<p>Does child/youth talk about family in a consistent manner, including elements of family history?</p> <p>Is child/youth in process of learning about family identity through contact of other family members?</p>	<p>Rating</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">0</td> <td>Child/Youth has a clear sense of family identity and is connected to other family members who share this identity. Child/youth has knowledge about her family's history, heritage, and genealogy.</td> </tr> <tr> <td style="text-align: center;">1</td> <td>Child/Youth is experiencing some confusion or concern regarding her family identity but is connected to family members. Child/youth has little knowledge about her family's personal history, heritage, and genealogy.</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Child/Youth has significant struggles with her own family identity. Child/youth may have family identity but is not connected to other family members who share this identity.</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Child/Youth has <i>no</i> sense of family identity or is experiencing significant problems due to conflict regarding family identity. The child/youth is not connected to other family members who share this identity.</td> </tr> </table>	0	Child/Youth has a clear sense of family identity and is connected to other family members who share this identity. Child/youth has knowledge about her family's history, heritage, and genealogy.	1	Child/Youth is experiencing some confusion or concern regarding her family identity but is connected to family members. Child/youth has little knowledge about her family's personal history, heritage, and genealogy.	2	Child/Youth has significant struggles with her own family identity. Child/youth may have family identity but is not connected to other family members who share this identity.	3	Child/Youth has <i>no</i> sense of family identity or is experiencing significant problems due to conflict regarding family identity. The child/youth is not connected to other family members who share this identity.
0	Child/Youth has a clear sense of family identity and is connected to other family members who share this identity. Child/youth has knowledge about her family's history, heritage, and genealogy.									
1	Child/Youth is experiencing some confusion or concern regarding her family identity but is connected to family members. Child/youth has little knowledge about her family's personal history, heritage, and genealogy.									
2	Child/Youth has significant struggles with her own family identity. Child/youth may have family identity but is not connected to other family members who share this identity.									
3	Child/Youth has <i>no</i> sense of family identity or is experiencing significant problems due to conflict regarding family identity. The child/youth is not connected to other family members who share this identity.									

MODULES

Question Perm-8

MODULE: PERMANENCY		
FAMILY FINDING:		
This item indicates how much Family Finding the child/youth has received.		
Please rate using the time frame of the past one year .		
What Family Finding efforts have been made to date?	Rating	
Is there an identified person with whom child/youth may develop a relationship?	0	Child/Youth has made positive connections with adults resulting from Family Finding, or Family Finding efforts are not needed.
	1	The process of Family Finding has started for child, but no connections have been made. No additional intervention or help is needed at this time.
	2	Family Finding has been discussed with child, but the process has not started. Without additional efforts, successful Family Finding is not likely.
	3	The topic of Family Finding has never been discussed with child. Child/Youth has received no Family Finding. Without additional efforts, successful Family Finding is not possible.

MODULES

TRAUMA MODULE

This module is completed if the child/youth is rated a “2” or “3” on the Adjustment to Trauma item. Items in the Trauma Module (T-1 to T-12) are divided into three sections.

- T-1 through T-10 focus on details of the abuse suffered by the child/youth.
- T-11 is only completed if the child/youth was sexually abused, and these items provide additional information about the abuse. T-11 contains five (5) items labeled T-11i, T-11ii, T-11iii, T-11iv, & T-11v.
- T-12 is only completed if the child/youth was sexually abused and these items focus on the child’s/youth’s current level of adjustment to the abuse. T-12 contains five (5) items labeled T-12i, T-12ii, T-12iii, T-12iv, & T-12v.

Question T-1

MODULE: TRAUMA		
SEXUAL ABUSE:		
This item refers to the child/youth who has been sexually abused (e.g., touched, fondled, oral sex, or penetration of genitalia or anus that is not consensual).		
Please rate at highest level within the lifetime .		
Has child/youth been abused sexually?	Rating	
	0	There is no evidence that child/youth has experienced sexual abuse.
Is there evidence of abuse?	1	Child/Youth has experienced one episode of sexual abuse or there is a suspicion that child/youth has experienced sexual abuse but no confirming evidence.
Has child/youth been abused sexually repeatedly?	2	Child/Youth has experienced repeated sexual abuse.
	3	Child/Youth has experienced severe and repeated sexual abuse. Sexual abuse may have caused physical harm.
Was physical harm done?		

Question T-2

MODULE: TRAUMA		
PHYSICAL ABUSE:		
This item refers to the child/youth that has been physically abused (e.g., physically harmed by a caregiver, person in authority, or significantly older youth).		
Please rate at highest level within the lifetime .		
Has the child/youth been physically abused?	Rating	
	0	There is no evidence that child/youth has experienced physical abuse.
Is there evidence of abuse?	1	Child/Youth has experienced one episode of physical abuse or there is a suspicion that child/youth has experienced physical abuse but no confirming evidence.
Has there been repeated abuse?	2	Child/Youth has experienced repeated physical abuse.
Was there hospital care?	3	Child/Youth has experienced severe and repeated physical abuse that causes sufficient physical harm to necessitate hospital treatment.

MODULES

Question T-3

MODULE: TRAUMA		
EMOTIONAL ABUSE:		
This item refers to the child/youth that has been emotionally abused (e.g., demeaned or ridiculed by verbal or non-verbal statements from a caregiver, person in authority, or much older youth).		
Please rate at highest level within the lifetime .		
Did child/youth feel they had experienced emotional abuse?	Rating	
	0	There is no evidence that child/youth has experienced emotional abuse.
	1	Child/Youth has experienced mild emotional abuse.
	2	Child/Youth has experienced emotional abuse over an extended period of time (at least one year).
Did the abuse happen over a period of at least one year?	3	Child/Youth has experienced severe and repeated emotional abuse over an extended period of time (at least one year).
Has there been repeated emotional abuse?		

Question T-4

MODULE: TRAUMA		
NEGLECT:		
This item describes the degree of severity of neglect (e.g., abandoned, ignored, disregarded, avoided, mistreated, not fed, clothed, sheltered or cared for in an appropriate manner). Consider age and functioning of child/youth when rating.		
Please rate at highest level within the lifetime .		
Did child/youth feel mistreated?	Rating	
	0	There is no evidence that child/youth has experienced neglect.
	1	Child/Youth has experienced minor or occasional neglect. Child/Youth may have been left at home alone with no adult supervision or there may be occasional failure to provide adequate supervision of child.
	2	Child/Youth has experienced a moderate level of neglect. This may include occasional unintended failure to provide adequate food, shelter, or clothing with corrective action.
Was child/youth fed, clothed and sheltered?	3	Child/Youth has experienced a severe level of neglect including prolonged absences by adults, without minimal supervision. Adults have failed to provide basic necessities of life on a regular basis.
Was child/youth supervised?		

MODULES

Question T-5

MODULE: TRAUMA		
MEDICAL TRAUMA:		
This item refers to the child/youth who required legitimate medical care for an injury or illness, and this medical care was experienced as traumatizing. The cause (e.g., unknown, car accident, abuse) of the injury or illness should not impact the rating, only the degree to which the treatment traumatized the child/youth.		
Please rate at highest level within the lifetime .		
Did the child/youth ever need invasive medical treatment?	Rating	
Was minor or major surgery needed?	0	There is no evidence that child/youth has experienced any medical trauma.
	1	Child/Youth has experienced mild medical trauma including minor surgery (e.g., stitches, bone setting).
	2	Child/Youth has experienced moderate medical trauma including major surgery or injuries requiring hospitalization.
Has she been hospitalized for prolonged treatment?	3	Child/Youth has experienced a life threatening medical trauma.
Were treatments to address a life or death situation?		

Question T-6

MODULE: TRAUMA		
NATURAL DISASTER:		
This item refers to the child's/youth's experience of being traumatized by a natural disaster (e.g., tornado, earthquake, wildfire, hurricanes, etc.).		
Please rate at highest level within the lifetime .		
Did child/youth experience a natural disaster?	Rating	
Did the natural disaster result in a life or death situation?	0	There is no evidence that child/youth has experienced any natural disaster.
	1	Child/Youth has been indirectly affected by a natural disaster.
	2	Child/Youth has experienced a natural disaster which has had a direct impact on her well-being.
	3	Child/Youth has experienced a life-threatening natural disaster.

MODULES

Question T-7

MODULE: TRAUMA		
WITNESS TO FAMILY VIOLENCE:		
This item refers to the child/youth who observed family violence (e.g., family fighting, hostility, brutality, cruelty, etc.).		
Please rate at highest level within the lifetime .		
Child/youth has observed family violence?	Rating	
	0	There is no evidence that child/youth has witnessed family violence.
Child/youth has observed family violence repeatedly?	1	Child/Youth has witnessed one episode of family violence.
	2	Child/Youth has witnessed repeated episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) have been witnessed.
There were significant injuries in the family due to the violence?	3	Child/Youth has witnessed repeated and/or severe episodes of family violence. Significant injuries have occurred as a direct result of the violence.

Question T-8

MODULE: TRAUMA		
WITNESS TO COMMUNITY VIOLENCE:		
This item refers to the child/youth who observed violence in the community (e.g., fighting, hostility, brutality, cruelty, etc.).		
Please rate at highest level within the lifetime .		
Has the child/youth observed a violent event in the community?	Rating	
	0	There is no evidence that child/youth has witnessed violence in the community.
Did the community violence result in significant injury to others in the community?	1	Child/Youth has witnessed one episode of fighting or other forms of violence in the community .
	2	Child/Youth has witnessed repeated episodes of community violence, which may include the significant injury of others.
	3	Child/Youth has witnessed repeated and/or severe episodes of community violence. Significant injuries have occurred as a direct result of the violence.

Question T-9

MODULE: TRAUMA		
WITNESS/VICTIM TO CRIMINAL ACTIVITY:7		
This item refers to the child/youth who has been victimized or observed someone being victimized through a criminal activity.		
Please rate at highest level within the lifetime .		
Has child/youth been a witness to a crime or been victimized?	Rating	
	0	There is no evidence that child/youth has been victimized or witness significant criminal activity.
Has child/youth observed physical harm or witnessed the death of a loved one?	1	Child/Youth has witnessed significant criminal activity.
	2	Child/Youth is a direct victim of criminal activity or witnessed the victimization of a family or friend.
	3	Child/Youth is a victim of criminal activity that was life-threatening or caused significant physical harm or child/youth witnessed the death of a loved one.

MODULES

Question T-10

MODULE: TRAUMA										
MARITAL/PARTNER VIOLENCE:										
This rating describes the degree of difficulty or conflict in the caregiver relationship, as it relates to the use of verbal or physical aggression between caregivers.										
Please rate at highest level within the lifetime .										
<p>How do caregivers resolve disagreements or conflicts?</p> <p>Are threats of violence or verbal aggression evident?</p> <p>Are physical acts of violence evident?</p>	<p>Rating</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center; padding: 5px;">0</td> <td style="padding: 5px;">Caregivers appear to be functioning adequately. There is no evidence of notable conflict in the caregiver relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.</td> </tr> <tr> <td style="text-align: center; padding: 5px;">1</td> <td style="padding: 5px;">Mild to moderate level of family problems, including marital difficulties and caregiver arguments are present. Caregivers are generally able to keep arguments to a minimum when child/youth is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.</td> </tr> <tr> <td style="text-align: center; padding: 5px;">2</td> <td style="padding: 5px;">Significant level of caregiver difficulties are present including frequent arguments that often escalate to verbal aggression or the use of verbal aggression by one partner to control the other. Child/youth often witnesses these arguments between caregivers or the use of verbal aggression by one partner to control the other.</td> </tr> <tr> <td style="text-align: center; padding: 5px;">3</td> <td style="padding: 5px;">A profound level of caregiver or marital violence is present that often escalates to mutual attacks or the use of physical aggression by one partner to control the other. These episodes may exacerbate child's difficulties or put the child/youth at greater risk.</td> </tr> </table>	0	Caregivers appear to be functioning adequately. There is no evidence of notable conflict in the caregiver relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.	1	Mild to moderate level of family problems, including marital difficulties and caregiver arguments are present. Caregivers are generally able to keep arguments to a minimum when child/youth is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.	2	Significant level of caregiver difficulties are present including frequent arguments that often escalate to verbal aggression or the use of verbal aggression by one partner to control the other. Child/youth often witnesses these arguments between caregivers or the use of verbal aggression by one partner to control the other.	3	A profound level of caregiver or marital violence is present that often escalates to mutual attacks or the use of physical aggression by one partner to control the other. These episodes may exacerbate child's difficulties or put the child/youth at greater risk.
0	Caregivers appear to be functioning adequately. There is no evidence of notable conflict in the caregiver relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.									
1	Mild to moderate level of family problems, including marital difficulties and caregiver arguments are present. Caregivers are generally able to keep arguments to a minimum when child/youth is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.									
2	Significant level of caregiver difficulties are present including frequent arguments that often escalate to verbal aggression or the use of verbal aggression by one partner to control the other. Child/youth often witnesses these arguments between caregivers or the use of verbal aggression by one partner to control the other.									
3	A profound level of caregiver or marital violence is present that often escalates to mutual attacks or the use of physical aggression by one partner to control the other. These episodes may exacerbate child's difficulties or put the child/youth at greater risk.									

MODULES

Sexual Abuse Expansion

Complete only if child/youth has been sexually abused.

The T-11 (i to v) items relate to the extent to which certain elements (e.g., violence) were present in the sexually abusive act.

Question T-11 (i)

MODULE: TRAUMA – SEXUAL ABUSE EXPANSION		
EMOTIONAL CLOSENESS TO PERPETRATOR:		
This item refers to the degree of relationship, or emotional closeness, with the perpetrator of sexual abuse.		
Please rate at highest level within the lifetime .		
<p>Did the child/youth know the perpetrator or was it a stranger?</p> <p>Was the perpetrator close to the child/youth but not a family member?</p> <p>Was the perpetrator a family member?</p>	Rating	
	0	Perpetrator was a stranger at the time of the abuse.
	1	Perpetrator was known to the child/youth at the time of event but only as an acquaintance (e.g., one time babysitter).
	2	Perpetrator had a close relationship with the child/youth at the time of the event but was not an immediate family member (e.g., coach, teacher).
	3	Perpetrator was an immediate family member (e.g., parent, sibling) or an extended family member with frequent/close contact (e.g., uncle in same town).

Question T-11 (ii)

MODULE: TRAUMA – SEXUAL ABUSE EXPANSION		
FREQUENCY OF ABUSE:		
This item refers to the number of times the sexual abuse took place.		
Please rate at highest level within the lifetime .		
<p>How many times did the abuse happen?</p>	Rating	
	0	Abuse occurred only one time.
	1	Abuse occurred two times.
	2	Abuse occurred two to ten times.
	3	Abuse occurred more than ten times.

Question T-11 (iii)

MODULE: TRAUMA – SEXUAL ABUSE EXPANSION		
DURATION:		
This item refers to the number of month/years during which time the child/youth was sexually abused.		
Please rate at highest level within the lifetime .		
<p>Over what period of time did the abuse occur?</p>	Rating	
	0	Abuse occurred only one time.
	1	Abuse occurred within a six-month time period.
	2	Abuse occurred within a six-month to one-year time period.
	3	Abuse occurred over a period of longer than one year.

MODULES

Question T-11 (iv)

MODULE: TRAUMA – SEXUAL ABUSE EXPANSION		
FORCE:		
This item refers to the degree to which physical violence/force was present during the abuse.		
Please rate at highest level within the lifetime .		
Did the child/youth experience physical force or the threat of force?	Rating	
	0	No threat of violence or actual force occurred during the abuse episode(s).
	1	Sexual abuse was associated with threat of violence but no actual physical force occurred.
Did they experience sexual abuse with the threat of violence but no physical force?	2	Physical violence/force was used during the sexual abuse.
	3	Significant physical violence/force was used during the sexual abuse. Physical injuries occurred as a result of the force.
Did physical injuries result?		

Question T-11 (v)

MODULE: TRAUMA – SEXUAL ABUSE EXPANSION		
REACTION TO DISCLOSURE:		
This item refers to the amount of support the child/youth felt after disclosing being sexually abused.		
Please rate at highest level within the lifetime .		
Does the child/youth feel supported by family members?	Rating	
	0	All significant family members are aware of the abuse and supportive of the child/youth coming forward with the description of her abuse experience.
	1	Most significant family members are aware of the abuse and supportive of the child/youth for coming forward. One or two family members may be less supportive. Parent may be experiencing anxiety/depression/guilt regarding abuse.
	2	A significant split occurred among family members in terms of their support of the child/youth for coming forward with the description of her experience.
	3	A significant lack of support from close family members of the child/youth for coming forward with the description of her abuse experience. A significant relationship (e.g., parent, care-giving grandparent) is threatened to the child/youth.

MODULES

Adjustment to Sexual Abuse Expansion:

Complete only if child/youth has been sexually abused.

The T-12 (i to v) items relate to elements indicative of how well a child/youth has adjusted since the abuse.

Question T-12 (i)

MODULE: TRAUMA – ADJUSTMENT TO SEXUAL ABUSE EXPANSION		
AFFECT REGULATION:		
This item focuses on the child's/youth's ability to regulate emotional expression (e.g., calming down after getting upset), which is most easily seen as their ability to react to an event with the normal range of emotions.		
Please rate the highest level from the past 30 days .		
Is child/youth able to regulate their affect?	Rating	
	0	Child/Youth has no problems with affect regulation.
Does the child/youth overreact to situations?	1	Child/Youth has mild to moderate problems with affect regulation.
When upset, can she calm down within an appropriate time?	2	Child/Youth has severe problems with affect regulation but is able to control affect at times. Problems with affect regulation interfere with child's functioning in some life domains.
	3	Child/Youth unable to regulate affect.

Question T-12 (ii)

MODULE: TRAUMA – ADJUSTMENT TO SEXUAL ABUSE EXPANSION		
INTRUSIONS:		
This item refers to the levels of thoughts that intrude on the child's mind.		
Please rate the highest level from the past 30 days .		
Does the child/youth experience intrusive thoughts after the sexual abuse?	Rating	
	0	There is no evidence that child/youth experiences intrusive thoughts of trauma.
Does the child/youth have difficulties functioning related to these thoughts?	1	Child/Youth experiences some intrusive thoughts of trauma but they do not affect her functioning.
	2	Child/Youth experiences intrusive thoughts that interfere in her ability to function in some life domains.
	3	Child/Youth experiences repeated and severe intrusive thoughts of trauma.

MODULES

Question T-12 (iii)

MODULE: TRAUMA – ADJUSTMENT TO SEXUAL ABUSE EXPANSION		
ATTACHMENT:		
This item refers to the ability of the child/youth to attach with 1:1 relationships.		
Please rate the highest level from the past 30 days .		
Does the child/youth have issues of security and trust?	Rating	
	0	No evidence of attachment problems. Parent-child/youth relationship is characterized by satisfaction of needs, child's development of a sense of security and trust.
Does child/youth have a positive relationship with a caregiver?	1	Mild problems with attachment. This could involve either mild problems with separation or mild problems of detachment.
	2	Moderate problems with attachment. Child/youth is having problems with attachment that require intervention. A child/youth who meets the criteria for an Attachment Disorder in DSM-IV would be rated here.
Does child/youth get upset in response to reasonable periods of separation (e.g., guardian using restroom)?	3	Severe problems with attachment. A child/youth who is unable to separate or a child/youth who appears to have severe problems with forming or maintaining relationships with caregivers would be rated here.

Question T-12 (iv)

MODULE: TRAUMA – ADJUSTMENT TO SEXUAL ABUSE EXPANSION		
DISSOCIATION:		
This item refers to the child's/youth's experience of dissociation symptoms (e.g., depersonalization, psychological numbing, feelings of unreality).		
Please rate the highest level from the past 30 days .		
Does child/youth talk about feeling disconnected from their body?	Rating	
	0	There is no evidence of dissociation.
	1	Child/Youth may experience some symptoms of dissociation.
	2	Child/Youth clearly experiences episodes of dissociation.
Do they detach from their mental state?	3	Child/Youth exhibits profound dissociation.
Do they report feeling like they are in a dreamlike state during the day?		

MODULES

Question T-12 (v)

MODULE: TRAUMA – ADJUSTMENT TO SEXUAL ABUSE EXPANSION		
CAREGIVER POSTTRAUMATIC REACTIONS:		
This rating describes posttraumatic reactions faced by caregiver(s), including emotional numbing and avoidance, nightmares and flashbacks that are related to their child's or their own traumatic experiences.		
Please rate the highest level from the past 30 days .		
Does the Caregiver have symptoms related to the child's trauma?	Rating	
Does the Caregiver have symptoms related to their own experience of abuse?	0	Caregiver has adjusted to traumatic experiences without notable posttraumatic stress reactions.
	1	Caregiver has some mild adjustment problems related to their child's or their own traumatic experiences. Caregiver may exhibit some guilt about their child's trauma or become somewhat detached or estranged from others.
	2	Caregiver has moderate adjustment difficulties related to traumatic experiences. Caregiver may have nightmares or flashbacks of the trauma.
	3	Caregiver has significant adjustment difficulties associated with traumatic experiences. Symptoms might include intrusive thoughts, hypervigilance, and constant anxiety.

MODULES

SUBSTANCE USE DISORDER (SUD) MODULE

These items in this module focus on different elements/issues related to abusing substances. It is completed if the child/youth received a rating of “2” or “3” on the Substance Use item.

“Substances” typically refer to “alcohol-and-other drugs” (AOD), and refers to the use and/or abuse of these substances by either the use of an illegal/illicit substance or the abuse of a legal, licit or prescribed substance in an un-prescribed or illicit manner.

The Clinician should consider the negative consequences that accompanied the child’s/youth’s AOD use within the past 30 days in terms of its negative effects to the clients’ health (e.g., overdose, withdrawal symptoms, black-outs), legal issues, economic considerations, living situation, education, family, and/or individual behavior (e.g., loss-of-control).

Please note that alcohol withdrawal is a MEDICAL EMERGENCY, potentially more physically dangerous than that of heroin withdrawal.

Question SUD-1

MODULE: SUBSTANCE USE DISORDER (SUD)		
SEVERITY OF USE:		
This item refers to the frequency of usage.		
Please rate the highest level based upon time periods provided in anchors .		
Has the child/youth used any alcohol or any drug (AOD) within the past 30 days? If using AOD, how frequent is the use/ abuse?	Rating	
	0	Child/Youth is currently abstinent and has maintained abstinence for at least six months .
	1	Child/Youth is currently abstinent but only in the past 30 days or child/youth has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.
	2	Child/Youth actively uses alcohol or drugs but not daily .
	3	Child/Youth uses alcohol and/or drugs on a daily basis .

Question SUD-2

MODULE: SUBSTANCE USE DISORDER (SUD)		
DURATION OF USE:		
This item refers to the length of time during which the child/youth has used substances.		
Please rate the highest level based upon time periods provided in anchors .		
When did the child/youth start using AOD? Is the child/youth a “binge” user/abuser without a regular pattern of use? Does the pattern of use/abuse suggest a high level of tolerance?	Rating	
	0	Child/Youth has begun use in the past year .
	1	Child/Youth has been using alcohol or drugs for at least one year but has had periods of at least 30 days where she did not have any use.
	2	Child/Youth has been using alcohol or drugs for at least one year (but less than five years), but not daily .
	3	Child/Youth has been using alcohol or drugs daily for more than the past year or intermittently for at least five years .

MODULES

Question SUD-3

MODULE: SUBSTANCE USE DISORDER (SUD)		
STAGE OF RECOVERY:		
This item refers to the child's/youth's willingness and depth of commitment to change from the use/abuse of illicit and/or licit AOD. Levels of this process include: (i) Pre-contemplation, (ii) Contemplation, (iii) Preparation, (iv) Action, (v) Maintenance and (vi) Recurrence.		
Please rate the highest level from the past 30 days .		
Is the child/youth maintaining sobriety?	Rating	
	0	Child/Youth is in maintenance stage of recovery. Child/ youth is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.
Is the child/youth actively engaged in treatment (e.g., self-help, 12-Step, AOD treatment, etc.)?	1	Child/Youth is actively trying to use treatment to remain abstinent.
	2	Child/Youth is in contemplation phase, recognizing a problem but not willing to take steps for recovery.
If not abstinent, is the child/youth motivated to change or does she see a problem?	3	Child/Youth is in denial regarding the existence of any substance use problem.

Question SUD-4

MODULE: SUBSTANCE USE DISORDER (SUD)		
PEER INFLUENCES:		
This item refers to the influence peers have upon the child's/youth's substance use. Peer influences have been found to be among the strongest predictors of drug use during adolescence, and would be defined as to include <u>peer pressure</u> and <u>peer drug models</u> that directly and indirectly affect the child's/youth's willingness to use or abuse AOD.		
NOTE: If child/youth is in residential/restricted setting, use peers at his home to rate this item.		
Please rate the highest level from the past 30 days .		
Do the closest friends and peers of child/youth support an AOD-free lifestyle?	Rating	
	0	Youth's primary peer social network does not engage in alcohol or drug use.
	1	Child/Youth has peers in her primary peer social network who do not engage in alcohol or drug use but has some peers who do.
Do the role models or icons followed by this child/youth espouse and encourage AOD?	2	Child/Youth predominantly has peers who engage in alcohol or drug use but child/youth is not a member of a gang.
Does the child/youth belong to a gang which "ritualizes" AOD behavior?	3	Child/Youth is a member of a peer group that consistently engages in alcohol or drug use.
Does this child/youth maintain two or more peer groups with divergent attitudes re: AOD use?		

MODULES

Question SUD -5

MODULE: SUBSTANCE USE DISORDER (SUD)		
PARENTAL INFLUENCES:		
<p>This item refers to substance use by parents/guardians of child/youth.</p> <p>NOTE: Across all domains of risk, the role of parents and family is critical in shaping the health of children/youth. Although the physical presence of a parent in the home reduces risk (and especially substance use), of more significance is parental connectedness (e.g., feelings of warmth, love, and caring from parents).</p>		
Please rate the highest level from the past 30 days .		
<p>Is there a history of AOD use/abuse by the parent(s) of this child/youth?</p> <p>If so, how long has/have the parent(s) been in sobriety if at all?</p> <p>Is/are the parent(s) a positive factor in the life of this child/youth re: AOD use/abuse?</p>	<p>Rating</p> <p>0</p> <p>1</p> <p>2</p> <p>3</p>	<p>There is no evidence that youth's parents/guardians have ever engaged in substance abuse.</p> <p>One of youth's parents/guardians has history of substance abuse but not in the past year.</p> <p>One or both of youth's parents/guardians have been intoxicated with alcohol or drugs in the presence of the youth.</p> <p>One or both of youth's parents/guardians use alcohol or drugs with the youth.</p>

Question SUD -6

MODULE: SUBSTANCE USE DISORDER (SUD)		
ENVIRONMENTAL INFLUENCES:		
<p>This item refers to the impact the environment around the youth's living situation has upon prompting or exposing the child/youth to alcohol and drug use.</p> <p>NOTE: In homes where children/youth have easy access to guns, alcohol, tobacco, and illicit substances, these environmental factors contribute to the child's/youth's increased risk of suicidality, involvement in interpersonal violence, and substance use. Here, this item refers to the impact the environment around the youth's living situation has upon prompting or exposing the child/youth to alcohol and drug use.</p>		
Please rate the highest level from the past 30 days .		
<p>What was the earliest exposure of AOD to this child/youth?</p> <p>Was AOD use/abuse a routine occurrence in this child's/youth's home or living situation?</p> <p>Was the child/youth ever removed by CFS because of AOD in the household?</p>	<p>Rating</p> <p>0</p> <p>1</p> <p>2</p> <p>3</p>	<p>No evidence that the child's environment stimulates or exposes the child/youth to any alcohol or drug use.</p> <p>Mild problems exist in the child's environment that might expose the child/youth to alcohol or drug use.</p> <p>Moderate problems exist in the child's environment that clearly expose the child/youth to alcohol or drug use.</p> <p>Severe problems exist in the child's environment that stimulate the child/youth to engage in alcohol or drug.</p>

MODULES

VIOLENCE MODULE

This module includes items that focus on different elements/issues that are salient when working with children/youth who have committed acts of violence against others. This module is completed with a rating of “2” or “3” was given on the Danger to Others item.

The Violence Module is divided into three parts:

- Historical Risk Factors (V-1i, V-1ii, V-1iii, & V-1iv): These items focus on past experiences with violence.
- Emotional/Behavioral Risks (V-2i, V-2ii, V-2iii, V-2iv, V-2v, & V-2vi): These items focus on experiences that may, or may not, place the child/youth at risk for violent acts.
- Resiliency Factors (V-3i, V-3ii, V-3iii, & V-3iv): These items focus on elements which consider the child’s/youth’s attitude and efforts toward managing violence.

Violence Module: Historical Risk Factors

Historical risk factors are rated over the lifetime of the youth

Question V-1 (i)

MODULE: VIOLENCE – HISTORICAL RISK FACTORS		
HISTORY OF PHYSICAL ABUSE:		
This item refers to the severity of physical abuse experienced by youth.		
Please rate at highest level within the lifetime .		
Has the child/youth experienced physical abuse?	Rating	
	0	No evidence of a history of physical abuse.
	1	Child/Youth has experienced corporal punishment.
	2	Child/Youth has experienced physical abuse on one or more occasions from caregiver or parent.
Has corporal punishment been involved?	3	Child/Youth has experienced extreme physical abuse that has resulted in physical injuries that required medical care.
Has medical care been needed for the injuries?		

MODULES

Question V-1 (ii)

MODULE: VIOLENCE – HISTORICAL RISK FACTORS		
HISTORY OF VIOLENCE:		
This item refers to the use of violence by the youth.		
Please rate at highest level within the lifetime .		
Has child/youth been involved with violence?	Rating	
	0	No evidence of any history of violent behavior by the youth.
Has child/youth been involved in fights?	1	Child/Youth has engaged in mild forms of violent behavior including vandalism, minor destruction of property, physical fights in which no one was injured (e.g., shoving, wrestling).
Has child/youth cause injury to others or cruelty to animals resulting in injury?	2	Child/Youth has engaged in moderate forms of violent behavior including fights in which participants were injured. Cruelty to animals would be rated here unless it resulted in significant injury or death of the animal.
	3	Child/Youth has initiated unprovoked violent behaviors on other people that resulted in injuries to these people. Cruelty to animals that resulted in significant injury or death to the animal would be rated here.

Question V-1 (iii)

MODULE: VIOLENCE – HISTORICAL RISK FACTORS		
WITNESS TO DOMESTIC VIOLENCE:		
This item refers to the severity of the domestic violence witnessed by child/youth.		
Please rate at highest level within the lifetime .		
Has child/youth observed domestic violence?	Rating	
	0	No evidence that child/youth has witnessed domestic violence.
Did violence involve injuries?	1	Child/Youth has witnessed physical violence in household on at least one occasion but the violence did not result in injury.
Was medical treatment needed?	2	Child/Youth has witnessed repeated domestic violence that has resulted in the injury of at least one family member that required medical treatment.
	3	Child/Youth has witnessed the murder or rape of a family member.

Question V-1 (iv)

MODULE: VIOLENCE – HISTORICAL RISK FACTORS		
WITNESS TO ENVIRONMENTAL VIOLENCE:		
This item refers to the severity of the violence witnessed by child/youth in their environment.		
Please rate at highest level within the lifetime .		
Has child/youth observed violence in their environment or violent media?	Rating	
	0	No evidence is present that child/youth has witnessed violence in her environment and does not watch an excessive amount of violent media.
Has child/youth witnessed murder or rape?	1	Child/Youth has not witnessed violence in her environment but watches an excessive amount of violent media including movies and video games.
	2	Child/Youth has witnessed at least one occasion of violence in her environment.
	3	Child/Youth has witnessed a murder or rape.

MODULES

Violence Module: Emotional/Behavioral Risks

Emotional/Behavioral Risks are rated based on the past 30 days.

Question V-2 (i)

MODULE: VIOLENCE – EMOTIONAL/BEHAVIORAL RISKS		
BULLYING:		
This item refers to the use of bullying at school or in the community by the child/youth or groups that bully.		
Please rate the highest level from the past 30 days .		
Has child/youth been a bully at school or in the community?	Rating	
	0	Child/Youth has never engaged in bullying at school or in the community.
Has child/youth been involved with groups that bully?	1	Child/Youth has been involved with groups that bully other children/youth either in school or the community; however, child/youth has not had a leadership role in these groups.
	2	Child/Youth has bullied other children/youth in school or community. Child/youth has either bullied the other children/youth individually or led a group that bullied children/youth
	3	Child/Youth has repeatedly utilized threats or actual violence to bully children/youth in school and/or community.

Question V-2 (ii)

MODULE: VIOLENCE – EMOTIONAL/BEHAVIORAL RISKS		
FRUSTRATION MANAGEMENT:		
This item refers to the ability to manage frustration.		
Please rate the highest level from the past 30 days .		
Is child/youth able to manage their frustration?	Rating	
	0	Child/Youth appears to be able to manage frustration well. No evidence of problems of frustration management is present.
Does child/youth have coping mechanisms?	1	Child/Youth has some mild problems with frustration. She may anger easily when frustrated; however, she is able to calm herself down following an angry outburst.
Does child/youth become explosive and dangerous to others?	2	Child/Youth has problems managing frustration. Her anger when frustrated is causing functioning problems in school, at home, or with peers.
	3	Child/Youth becomes explosive and dangerous to others when frustrated. She demonstrates little self-control in these situations and others must intervene to restore control

MODULES

Question V-2 (iii)

MODULE: VIOLENCE – EMOTIONAL/BEHAVIORAL RISKS		
HOSTILITY:		
This item refers to how the child/youth expresses hostility.		
Please rate the highest level from the past 30 days .		
Does child/youth express hostility?	Rating	
	0	Child/Youth appears to not experience or express hostility except in situations where most people would become hostile.
Does child/youth appear angry?	1	Child/Youth appears hostile but does not express it. Others experience child/youth as being angry.
	2	Child/Youth expresses hostility regularly.
Does child/youth appear rageful?	3	Child/Youth is almost always hostile either in expression or appearance. Others may experience child/youth as ‘full of rage’ or ‘seething.’

Question V-2 (iv)

MODULE: VIOLENCE – EMOTIONAL/BEHAVIORAL RISKS		
PARANOID THINKING:		
This item refers to the child/youth showing signs of paranoid thinking.		
Please rate the highest level from the past 30 days .		
Does child/youth appear to have paranoid thinking?	Rating	
	0	Child/Youth does not appear to engage in any paranoid thinking.
Is child/youth guarded?	1	Child/Youth is suspicious of others but is able to test out these suspicions and adjust their thinking appropriately.
Does child/youth feel others plan to harm him?	2	Child/Youth believes that others are ‘out to get’ her. Child/youth has trouble accepting that these beliefs may not be accurate. Child/youth at times is suspicious and guarded but at other times can be open and friendly.
	3	Child/Youth believes that others plan to cause them harm. Child/Youth is nearly always suspicious and guarded.

Question V-2 (v)

MODULE: VIOLENCE – EMOTIONAL/BEHAVIORAL RISKS		
SECONDARY GAINS FROM ANGER:		
This item refers to the use of anger to derive benefits by the youth.		
Please rate the highest level from the past 30 days .		
Does child/youth get angry and seems to benefit from secondary gains?	Rating	
	0	Child/Youth either does not engage in angry behavior or, when they do become angry, does not appear to derive any benefits from this behavior.
Does child/youth intimidate others?	1	Child/Youth unintentionally has benefited from angry behavior; however, there is no evidence that child/youth intentionally uses angry behavior to achieve desired outcomes.
	2	Child/Youth sometimes uses angry behavior to achieve desired outcomes with parents, caregivers, teachers, or peers.
	3	Child/Youth routinely uses angry behavior to achieve desired outcomes with parents, caregivers, teachers or peers. Others in youth’s life appear intimidated.

MODULES

Question V-2 (vi)

MODULE: VIOLENCE – EMOTIONAL/BEHAVIORAL RISKS		
VIOLENT THINKING		
This item refers to violent thinking by the youth.		
Please rate the highest level from the past 30 days .		
Does child/youth engage in violent thinking? Is child/youth obsessed about violence?	Rating	
	0	There is no evidence that child/youth engages in violent thinking.
	1	Child/Youth has some occasional or minor thoughts about violence.
	2	Child/Youth has violent ideation. Language is often characterized as having violent themes and problem-solving often refers to violent outcomes.
	3	Child/Youth has specific homicidal ideation or appears obsessed with thoughts about violence (e.g., spontaneously and frequently draws only violent images).

Question V-3 (i)

MODULE: VIOLENCE – RESILIENCY FACTORS		
AWARENESS OF VIOLENCE POTENTIAL:		
This item refers to the extent to which child/youth is aware of violence potential and takes responsibility for past violent acts.		
Please rate the highest level from the past 30 days .		
Is child/youth aware of her level of risk for violence? Does child/youth deny past violent acts or explain them away as justice?	Rating	
	0	Child/Youth is completely aware of her level of risk of violence. Child/youth knows and understands risk factors, accepts responsibility for past and future behaviors, and is able to anticipate future challenging circumstances. A child/youth with no violence potential would be rated here.
	1	Child/Youth is generally aware of her potential for violence. Child/Youth is knowledgeable about her risk factors and is generally able to take responsibility. Child/youth may be unable to anticipate future circumstances that may challenge her.
	2	Child/Youth has some awareness of her potential for violence. Child/Youth may have tendency to blame others but is able to accept some responsibility for her actions.
	3	Child/Youth has no awareness of her potential for violence. Child/Youth may deny past violent acts or explain them in terms of justice or as deserved by the victim.

MODULES

Question V-3 (ii)

MODULE: VIOLENCE – RESILIENCY FACTORS		
RESPONSE TO CONSEQUENCES:		
This item refers to the response to consequences by the youth.		
Please rate the highest level from the past 30 days .		
Is child/youth able to anticipate consequences and adjust behaviors?	Rating	
	0	Child/Youth is clearly and predictably responsive to identified consequences. Child/youth is regularly able to anticipate consequences and adjust behavior.
	1	Child/Youth is generally responsive to identified consequences; however, not all appropriate consequences have been identified or she may sometimes fail to anticipate consequences.
	2	Child/Youth responds to consequences on some occasions but sometimes does not appear to care about consequences for her violent behavior
	3	Child/Youth is unresponsive to consequences for her violent behavior.

Question V-3 (iii)

MODULE: VIOLENCE – RESILIENCY FACTORS		
COMMITMENT TO SELF-CONTROL:		
This item refers to the extent child/youth is committed to exhibiting self-control.		
Please rate the highest level from the past 30 days .		
Does the child/youth control violent behavior? Does the child/youth care if she controls her violent behavior?	Rating	
	0	Child/Youth is fully committed to controlling her violent behavior.
	1	Child/Youth is generally committed to control her violent behavior; however, child/youth may continue to struggle with control in some challenging circumstances.
	2	Child/Youth is ambivalent about controlling her violent behavior.
	3	Child/Youth is not interested in controlling her violent behavior at this time.

MODULES

Question V-3 (iv)

MODULE: VIOLENCE – RESILIENCY FACTORS		
TREATMENT INVOLVEMENT:		
This item refers to involvement in treatment by the child/youth and family.		
Please rate the highest level from the past 30 days .		
Is child/youth involved in treatment?	Rating	
	0	Child/Youth fully involved in her own treatment. Family supports treatment as well.
Is family of child/youth involved in treatment?	1	Child/Youth or family involved in treatment but not both. Child/Youth may be somewhat involved in treatment, while family members are active or child/youth may be very involved in treatment while family members are unsupportive
	2	Child/Youth and family are ambivalent about treatment involvement. Child/youth and/or family may be skeptical about treatment effectiveness or suspicious about clinician intentions.
	3	Child/Youth and family are uninterested in treatment involvement. A child/youth with treatment needs who is not currently in treatment would be rated here.

MODULES

SEXUALLY AGGRESSIVE BEHAVIOR (SAB) MODULE

The items in the Sexually Aggressive Behavior Module (SAB-1 to SAB-10) focus on elements/issues about the nature of the sexually aggressive behavior identified as being committed by the child/youth.

Question SAB-1

MODULE: SEXUALLY AGGRESSIVE BEHAVIOR (SAB)		
RELATIONSHIP:		
This item refers to the child/youth victimizing others sexually.		
Please rate the most recent episode of sexual behavior .		
Does the child/youth victimize others in sexual activity?	Rating	
	0	No evidence of victimizing others is present. All parties in sexual activity appear to be consenting. No power differential is present.
	1	Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this child/youth being in the position of authority.
Is there a power differential between consenting parties?	2	Child/Youth is clearly victimizing at least one other individual with sexually abusive behavior.
Is there physical force associated with the sexual behavior?	3	Child/Youth is severely victimizing at least one other individual with sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior.

Question SAB-2

MODULE: SEXUALLY AGGRESSIVE BEHAVIOR (SAB)		
PHYSICAL FORCE/THREAT:		
This item refers to the use of physical force/threat in the sex act.		
Please rate the highest level from the most recent episode of sexual behavior .		
Does the sexual behavior involve physical force or the threat of force?	Rating	
	0	No evidence is present of the use of any physical force or threat of force in either the commission of the sex act nor in attempting to hide it.
Is there physical harm or risk of physical harm?	1	Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sex act is present.
	2	Evidence of the use of mild to moderate force in the sex act. There is some physical harm or risk of physical harm is present.
Was victim harmed physically from the use of force?	3	Evidence of severe physical force in the commission of the sex act is present. Victim harmed or at risk for physical harm from the use of force.

MODULES

Question SAB-3

MODULE: SEXUALLY AGGRESSIVE BEHAVIOR (SAB)		
PLANNING:		
This item refers to the extent to which child/youth planned the sexually aggressive behavior.		
Please rate the highest level from the most recent episode of sexual behavior .		
Is there any evidence that sexual activity was planned or just opportunistic?	Rating	
	0	No evidence of any planning is present. Sexual activity appears entirely opportunistic.
	1	Some evidence is present of efforts to get into situations where likelihood of opportunities for sexual activity are enhanced.
Is the act premeditated?	2	Evidence exists of some planning of sex act.
	3	Considerable evidence exists of predatory sexual behavior in which victim is identified prior to the act, and the act is premeditated.

Question SAB-4

MODULE: SEXUALLY AGGRESSIVE BEHAVIOR (SAB)		
AGE DIFFERENTIAL:		
This item refers to the difference in age between the child/youth (i.e., perpetrator) and the victim.		
Please rate the highest level from the most recent episode of sexual behavior .		
Is the victim less than 3 years younger?	Rating	
	0	Ages of the perpetrator and victim and/or participants are essentially equivalent (less than 3 years apart).
Is the victim 3-4 years younger?	1	Age differential between perpetrator and victim and/or participants is 3 to 4 years.
Is the victim 5 or more years younger?	2	Age differential between perpetrator and victim at least 5 years, but perpetrator is less than 13 years old.
Is the victim 5 or more years younger and the perpetrator 13 years old or older?	3	Age differential between perpetrator and victim at least 5 years and perpetrator is 13 years old or older.

Question SAB-5

MODULE: SEXUALLY AGGRESSIVE BEHAVIOR (SAB)		
TYPE OF SEX ACT:		
This item refers to the type of sex act including touching, fondling, oral sex, or penetration of genitalia or anus.		
Please rate the highest level from the most recent episode of sexual behavior .		
What type of sex act is it?	Rating	
	0	Sex act(s) involve touching or fondling only.
	1	Sex act(s) involve fondling plus possible penetration with fingers or oral sex.
	2	Sex act(s) involve penetration into genitalia or anus with body part.
	3	Sex act involves physically dangerous penetration due to differential size or use of an object.

MODULES

Question SAB-6

MODULE: SEXUALLY AGGRESSIVE BEHAVIOR (SAB)		
RESPONSE TO ACCUSATION:		
This item refers to the child's response to the accusation.		
Please rate the highest level from the past 30 days .		
Does child/youth admit to behavior?	Rating	
	0	Child/Youth admits to behavior and expresses remorse and desire to not repeat.
	1	Child/Youth partially admits to behaviors and expresses some remorse.
	2	Child/Youth admits to behavior but does not express remorse.
	3	Child/Youth neither admits to behavior nor expresses remorse. Child/Youth is in complete denial.

Question SAB-7

MODULE: SEXUALLY AGGRESSIVE BEHAVIOR (SAB)		
TEMPORAL CONSISTENCY:		
This item relates to the length of time (e.g., more than two years) child/youth has engaged in sexually aggressive behavior, and if this was preceded by a specific stressor.		
Please rate at highest level based upon durations provided in anchors .		
Did the child/youth exhibit sexually abusive behavior after experiencing a stressor?	Rating	
	0	This level indicates a child/youth who has never exhibited sexually abusive behavior or who has developed this behavior <u>only in the past three months following a clear stressor</u> .
Does child/youth who has been sexually abusive for extended periods appear symptom free?	1	This level indicates a child/youth who has been sexually abusive during the past two years OR child/youth who has become sexually abusive in the past three months despite the absence of any clear stressors.
	2	This level indicates a child/youth who has been sexually abusive for an extended period of time (e.g., more than two years), but who has had significant symptom-free periods.
How long has child/youth engaged in this behavior?	3	This level indicates a child/youth who has been sexually abusive for an extended period of time (e.g., more than two years) without significant symptom-free periods.

MODULES

Question SAB-8

MODULE: SEXUALLY AGGRESSIVE BEHAVIOR (SAB)		
HISTORY OF SEXUALLY AGGRESSIVE BEHAVIOR (toward others):		
This item refers to the number of times child/youth has engaged in sexually aggressive behaviors towards others.		
Please rate at highest level based upon frequencies provided in anchors .		
Has child/youth had incidents of sexually abusive behaviors repeatedly?	Rating	
	0	Child/Youth has only one incident of sexually abusive behavior that has been identified and/or investigated.
	1	Child/Youth has two or three incidents of sexually abusive behavior that have been identified and/or investigated.
Has there been one victim or more than one victim?	2	Child/Youth has four to ten incidents of sexually abusive behavior that have been identified and/or investigated with more than one victim.
	3	Child/Youth has more than ten incidents of sexually abusive behavior with more than one victim.

Question SAB-9

MODULE: SEXUALLY AGGRESSIVE BEHAVIOR (SAB)		
SEVERITY OF SEXUAL ABUSE:		
This item refers to the experience and severity of sexual abuse child/youth has received from others.		
Please rate at the highest level within the lifetime .		
Has the child/youth ever been sexually abused?	Rating	
	0	No history of any form of sexual abuse.
Was the child/youth abused by a caregiver?	1	History of occasional fondling or being touched inappropriately, however, not occurring on a regular basis or by someone in a caregiver capacity or suspicion of history of sexual abuse without confirming evidence.
Was the abuse mild, moderate, or severe?	2	This level is to indicate a moderate level of sexual abuse. This may involve a child/youth who has been fondled on an ongoing basis or sexually penetrated (anal or genital) once by someone not in a caregiver capacity.
	3	This level is to indicate a severe level of sexual abuse involving penetration on an ongoing basis by someone either in a caregiver capacity or in close emotional relation to the child.

Question SAB-10

MODULE: SEXUALLY AGGRESSIVE BEHAVIOR (SAB)		
PRIOR TREATMENT:		
This item refers to any prior treatment the child/youth has undergone for sexually aggressive behavior.		
Please rate at the highest level within the lifetime .		
Is there a history of child/youth getting treatment?	Rating	
	0	No history of prior treatment or history of outpatient treatment with notable positive outcomes.
	1	History of outpatient treatment which has had some degree of success.
	2	History of residential treatment where there has been successful completion of program.
	3	History of residential or outpatient treatment condition with little or no success.

MODULES

RUNAWAY MODULE

The items in the Runaway Module (R-1 to R-8) focus on aspects of running behavior that are important to understand when working with a child/youth at risk for running away. It is completed if a score of “2” or “3” is rated on the Runaway item in the Core items.

Question R-1

MODULE: RUNAWAY		
FREQUENCY OF RUNNING:		
This item refers to the number of times the child/youth has left the caregiver’s site in the past year.		
Please rate the highest level using time periods provided in the anchors .		
In the past year, how many times has the child/youth runaway?	Rating	
	0	Child/Youth has only run once in past year
	1	Child/Youth has run on multiple occasions in past year.
	2	Child/Youth runs often but not always.
	3	Child/Youth runs at every opportunity.

Question R-2

MODULE: RUNAWAY		
CONSISTENCY OF DESTINATION:		
This item refers to the regularity with which the child/youth runs to a specific location.		
The time period for this item is variable depending upon the frequency of running away. If child/youth runs frequently, rate highest level in past 30 days. If child/youth runs infrequently, use the past year as the time period.		
When child/youth runs away, where does she go?	Rating	
	0	Child/Youth always runs to the same location.
	1	Child/Youth generally runs to the same location or neighborhood
	2	Child/Youth runs to the same community but the specific locations change.
	3	Child/Youth runs to no planned destination.

Question R-3

MODULE: RUNAWAY		
SAFETY OF DESTINATION:		
This item refers to the safety of the location where the runaway child/youth is found.		
The time period for this item is variable depending upon the frequency of running away. If child/youth runs frequently, rate highest level in past 30 days. If child/youth runs infrequently, use the past year as the time period.		
Does the location to where the child/youth runs provide food and shelter in a safe environment?	Rating	
	0	Child/Youth runs to a safe environment that meets her basic needs (e.g., food, shelter).
	1	Child/Youth runs to generally safe environments; however, they might be somewhat unstable or variable.
	2	Child/Youth runs to generally unsafe environments that cannot meet her basic needs.
	3	Child/Youth runs to very unsafe environments where the likelihood that she will be victimized is high.

MODULES

Question R-4

MODULE: RUNAWAY		
INVOLVEMENT IN ILLEGAL ACTIVITIES:		
This item refers to the child/youth becoming involved in activities which are against the law during the runaway episodes.		
The time period for this item is variable depending upon the frequency of running away. If the child/youth runs frequently, rate the highest level in the past 30 days. If the child/youth runs infrequently, use the past year as the time period.		
During the runaway periods, has the child/youth participated in illegal activities? Has the child/youth engaged in a sexual act in exchange for money, food, or shelter?	Rating	
	0	Child/Youth does not engage in illegal activities while on the run beyond those involved with the running itself.
	1	Child/Youth engages in status offenses beyond those involved with the running itself while on the run (e.g., curfew violations, underage drinking).
	2	Child/Youth engages in delinquent activities while on the run.
	3	Child/Youth engages in dangerous delinquent activities while on the run (e.g., prostitution).

Question R-5

MODULE: RUNAWAY		
LIKELIHOOD OF RETURN ON OWN:		
This item refers to the likelihood that the child/youth will return to the caregiver, and the extent to which the child/youth attempts to avoid return.		
The time period for this item is variable depending upon the frequency of running away. If child/youth runs frequently, rate highest level in past 30 days. If child/youth runs infrequently, use the past year as the time period.		
When the child/youth returns to the caregiver, is it of her own will? Does the child/youth try hard to avoid returning to caregiver?	Rating	
	0	Child/Youth will return from the run on her own without prompting.
	1	Child/Youth will return from the run when found but not without being found.
	2	Child/Youth will make it difficult to find her and/or might passively resist return once found.
	3	Child/Youth makes repeated and concerted efforts to hide so as not to be found and/or resists return.

MODULES

Question R-6

MODULE: RUNAWAY		
INVOLVEMENT WITH OTHERS:		
This item refers to the role of assistance/encouragement from others in the youth's running behavior.		
The time period for this item is variable depending upon the frequency of running away. If child/youth runs frequently, rate the highest level in past 30 days. If child/youth runs infrequently, use the past year as the time period.		
When the child/youth runs away, does she receive assistance/encouragement from others?	Rating	
	0	Child/Youth runs by self with no involvement of others. Others may discourage the behavior or encourage her to return from run.
	1	Others enable the running by not discouraging the running behavior.
	2	Others are involved in running by providing support and helping the child/youth avoid being found.
	3	Child/Youth actively is encouraged to run by others. Others actively cooperate to facilitate running behavior.

Question R-7

MODULE: RUNAWAY		
REALISTIC EXPECTATIONS:		
This item refers to the expectations that the child/youth has about the results of her running away.		
The time period for this item is variable depending upon the frequency of running away. If the child/youth runs frequently, rate the highest level in the past 30 days. If the child/youth runs infrequently, use the past year as the time period.		
How realistic are the youth's ideas about the outcome of running away?	Rating	
	0	Child/Youth has realistic expectations about the implications of her running behavior.
	1	Child/Youth has reasonable expectations about the implications of her running behavior but may be hoping for a somewhat 'optimistic' outcome.
	2	Child/Youth has unrealistic expectations about the implications of their running behavior.
	3	Child/Youth has obviously false or delusional expectations about the implications of their running behavior.

Question R-8

MODULE: RUNAWAY		
PLANNING		
This item refers to the element of forethought in the youth's running away.		
The time period for this item is variable depending upon the frequency of running away. If the child/youth runs frequently, rate the highest level in the past 30 days. If the child/youth runs infrequently, use the past year as the time period.		
How much planning does the child/youth do prior to running away?	Rating	
	0	Running behavior is completely spontaneous and emotionally impulsive.
	1	Running behavior is somewhat planned, but not carefully.
	2	Running behavior is planned.
	3	Running behavior is carefully planned and orchestrated to maximize the likelihood of not being found.

MODULES

JUVENILE JUSTICE (JJ) MODULE

The items in the Juvenile Justice Module (JJ-1 to JJ-7) are intended to provide specific information about delinquent and criminal behaviors. This module is done if a rating of “2” or “3” was made on the Delinquency item in the Core items.

Question JJ-1

MODULE: JUVENILE JUSTICE (JJ)		
SERIOUSNESS:		
This item refers to the seriousness of the Juvenile Justice behaviors.		
Please rate the highest level from the past 30 days .		
Has child/youth engaged in delinquent behaviors?	Rating	
	0	The Child/Youth has engaged only in status violations (e.g., curfew).
Has child/youth ever placed other at risk for harm through criminal activities?	1	The Child/Youth has engaged in delinquent behavior. These activities are illegal primarily because the child/youth is under 18 years of age (e.g., truancy, curfew violations, runaway).
	2	The Child/Youth has engaged in criminal behavior. These include activities for which an adult could also be arrested (e.g., shoplifting, selling drugs).
	3	The Child/Youth has engaged in delinquent or criminal behavior that places other citizens at risk of significant physical harm.

Question JJ-2

MODULE: JUVENILE JUSTICE (JJ)		
HISTORY:		
This item refers to the child/youth pattern of delinquent or criminal behaviors.		
Please rate using time frames provided in the anchors		
Has child/youth engaged in multiple delinquent acts?	Rating	
	0	Current criminal behavior is the first known occurrence.
	1	The Child/Youth has engaged in multiple delinquent acts in the past one year.
Has the child/youth engaged in multiple delinquent acts for more than one year?	2	The Child/Youth has engaged in multiple delinquent acts for more than one year but has had periods of at least 3 months where she did not engage in delinquent behavior.
	3	The Child/Youth has engaged in multiple criminal or delinquent acts for more than one year without any period of at least 3 months where she did not engage in criminal or delinquent behavior.
Are there ever breaks in these activities lasting 3 months or more?		

MODULES

Question JJ-3

MODULE: JUVENILE JUSTICE (JJ)		
PLANNING:		
This item refers to the extent the child/youth plans to engage in delinquent or criminal behaviors.		
Please rate the highest level from the past 30 days .		
Did the child/youth plan the delinquent behaviors or do they appear opportunistic?	Rating	
	0	No evidence of any planning is present. The delinquent behavior appears opportunistic or impulsive.
	1	Evidence suggests that the child/youth places herself into situations where the likelihood of delinquent behavior is enhanced.
	2	Evidence exists of some planning of delinquent behavior.
	3	Considerable evidence of significant planning of delinquent behavior is present. Behavior is clearly premeditated.

Question JJ-4

MODULE: JUVENILE JUSTICE (JJ)		
COMMUNITY SAFETY:		
This item refers to the extent that the child's/youth's delinquent or criminal behaviors places community members at risk for harm.		
Please rate the highest level from the past 30 days .		
Does the child/youth present a risk to the community? Are the activities likely to result in dangerous situations, even though the child/youth does not intend harm?	Rating	
	0	The Child/Youth presents no risk to the community. She could be unsupervised in the community.
	1	The Child/Youth engages in behavior that represents a risk to community property.
	2	The Child/Youth engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the child/youth behavior.
	3	The Child/Youth engages in behavior that directly places community members in danger of significant physical harm.

Question JJ-5

MODULE: JUVENILE JUSTICE (JJ)		
PEER INFLUENCES:		
This item refers to the peer influences in the delinquent behavior.		
Please rate the highest level from the past 30 days .		
Are child/youth friends/peer group also engaging in these behaviors? Does she have a primary peer group that does not engage in these activities? Is the child/youth involved with a gang?	Rating	
	0	The Child's/Youth's primary peer social network does not engage in delinquent behavior.
	1	The Child/Youth has peers in her primary peer social network who do not engage in delinquent behavior but has some peers who do.
	2	The Child/Youth predominantly has peers who engage in delinquent behavior but child/youth is not a member of a gang.
	3	The Child/Youth is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.

MODULES

Question JJ-6

MODULE: JUVENILE JUSTICE (JJ)		
PARENTAL CRIMINAL BEHAVIOR:		
This item refers to the criminal behavior of the child/youth's parents (e.g., biological, adoptive, step, guardian).		
Please rate the highest level within the lifetime .		
Does the child/youth have parents who were involved in criminal activities?	Rating	
Is the parent/guardian currently, or recently, involved in criminal activities?	0	There is no evidence that the child/youth's parents have ever engaged in criminal behavior.
	1	One of Child's/Youth's parents has a history of criminal behavior but the child/youth has not been in contact with this parent for at least one year.
	2	One of the Child's/Youth's parents has history of criminal behavior and the child/youth has been in contact with this parent in the past year.
	3	Both of the youth's parents have history of criminal behavior. Or, one parent is currently involved in criminal activities.

Question JJ-7

MODULE: JUVENILE JUSTICE (JJ)		
ENVIRONMENTAL INFLUENCES:		
This item refers to the impact that the environment around the youth's living situation has upon prompting or exposing the child/youth to criminal behavior.		
Please rate the highest level from the past 30 days .		
Does the child/youth's environment increase the likelihood that the child/youth would commit crimes?	Rating	
Does the child/youth reside in a high crime neighborhood which may include negative role models?	0	No evidence exists that the child's environment stimulates or exposes the child/youth to any criminal behavior.
	1	Mild problems in the child/youth environment that might expose the child/youth to criminal behavior are present.
	2	Moderate problems in the child's environment that clearly expose the child/youth to criminal behavior are present.
	3	Severe problems in the child's environment that stimulate the child/youth to engage in criminal behavior are present.

MODULES

FIRE SETTING MODULE

The items in the Fire Setting Module (FS-1 to FS-8) are intended to provide specific information about the child/youth's fire setting behavior. This module is completed if a rating of "2" or "3" was given on the Fire Setting item of the Core items.

Question FS-1

MODULE: FIRE SETTING (FS)		
SERIOUSNESS:		
This item refers to the most serious level of harm/damage caused by child's fire setting behaviors.		
Please rate most recent incident .		
When the child/youth has set fires, what is the extent of the damage?	Rating	
	0	The Child/Youth has engaged in fire setting that resulted in only minor damage (e.g., camp fire in the back yard which scorched some lawn).
Has there been property damage?	1	The Child/Youth has engaged in fire setting that resulted only in some property damage that required repair (e.g., scorched a wall).
	2	The Child/Youth has engaged in fire setting which caused significant damage to property (e.g., burned down house).
Has there been injuries involved?	3	The Child/Youth has engaged in fire setting that injured self or others.

Question FS-2

MODULE: FIRE SETTING (FS)		
HISTORY:		
This item refers to the frequency of fire setting behavior of the youth.		
Please rate using time frames provided in the anchors .		
How many times has the child/youth set fires in the past year?	Rating	
	0	Only one known occurrence of fire setting behavior.
	1	The Child/Youth has engaged in multiple acts of fire setting in the past year.
For how many years has the child/youth been setting fires?	2	The Child/Youth has engaged in multiple acts of fire setting for more than one year but has had periods of at least 6 months where she did not engage in fire setting behavior.
	3	The Child/Youth has engaged in multiple acts of fire setting for more than one year without any period of at least 3 months where she did not engage in fire setting behavior.

MODULES

Question FS-3

MODULE: FIRE SETTING (FS)		
PLANNING:		
This item refers to the extent the child/youth engaged in planning when setting fires.		
Please rate most recent incident		
Does the child/youth plan out the fire setting activities or is it opportunistic or impulsive?	Rating	
	0	No evidence of any planning is present. Fire setting behavior appears opportunistic or impulsive.
	1	Evidence suggests that child/youth places herself into situations where the likelihood of fire setting behavior is enhanced.
	2	Evidence of some planning of fire setting behavior is present.
	3	Considerable evidence of significant planning of fire setting behavior is present. Behavior is clearly premeditated.

Question FS-4

MODULE: FIRE SETTING (FS)		
USE OF ACCELERANTS:		
This item refers to the use of accelerants (e.g., gasoline) to start the fire.		
Please rate most recent incident .		
Did the child/youth use accelerants to start the fire?	Rating	
	0	No evidence of any use of accelerants (e.g., gasoline) is present. Fire setting involved only starters such as matches or a lighter.
	1	Evidence suggests that the fire setting involved some use of mild accelerants (e.g., sticks, paper) but no use of liquid accelerants.
	2	Evidence that fire setting involved the use of a limited amount of liquid accelerants but that some care was taken to limit the size of the fire.
	3	Considerable evidence of significant use of accelerants in an effort to produce a very large and dangerous fire is present.

Question FS-5

MODULE: FIRE SETTING (FS)		
INTENTION TO HARM:		
This item refers to the extent to which the child/youth intended to harm others with fire.		
Please rate most recent incident .		
Did child/youth intend to harm others? Did child/youth seek revenge? Did child/youth intend to injure or kill others?	Rating	
	0	Child/Youth did not intend to harm others with fire. She took efforts to maintain some safety.
	1	Child/Youth did not intend to harm others, but took no efforts to maintain safety.
	2	Child/Youth intended to seek revenge or scare others, but did not intend physical harm, only intimidation.
	3	Child/Youth intended to injure or kill others.

MODULES

Question FS-6

MODULE: FIRE SETTING (FS)		
COMMUNITY SAFETY:		
This item refers to the extent to which the child/youth places community residents at risk through setting fires.		
Please rate highest level in the past 30 days .		
Does child/youth present a risk to the community?	Rating	
	0	The Child/Youth presents no risk to the community. He/she could be unsupervised in the community.
Does child/youth set fire to intentionally harm others or destroy property where people may be?	1	The Child/Youth engages in fire setting behavior that represents a risk to community property.
	2	The Child/Youth engages in fire setting behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the youth's behavior.
	3	The Child/Youth engages in fire setting behavior that intentionally places community members in danger of significant physical harm. The Child/youth attempts to use fires to hurt others.

Question FS-7

MODULE: FIRE SETTING (FS)		
RESPONSE TO ACCUSATION:		
This item refers to the child's/youth's response to accusations, including her ability to admit to setting the fire and taking responsibility for her actions.		
Please rate highest level in the past 30 days .		
Did child/youth admit to the fire setting activities?	Rating	
	0	The Child/Youth admits to behavior, is attempting to take responsibility for actions, and does not want to repeat actions.
How does child/youth respond when talked to about the fire setting?	1	The Child/Youth partially admits to behaviors, but also focuses on other elements that impacted her (e.g., prompting by friend). She is starting to take responsibility for actions.
	2	The Child/Youth partially admits to behavior, but primarily blames other people or external factors and does not want to take responsibility for her actions.
	3	The Child/Youth neither admits to behavior nor expresses any sense of responsibility. The child/youth is in complete denial.

MODULES

Question FS-8

MODULE: FIRE SETTING (FS)		
REMORSE:		
This item refers to the extent child/youth displays remorse-regret, sorrow, guilt, shame, with regards to setting the fire.		
Please rate highest level in the past 30 days .		
Did child/youth accept responsibility for the behavior and apologize for the behavior?	Rating	
	0	The Child/Youth accepts responsibility for behavior and is truly sorry for any damage/risk caused. Child/youth is able to apologize directly to affected people.
	1	The Child/Youth accepts responsibility for behavior and appears to be sorry for any damage/risk caused. However, child/youth is unable or unwilling to apologize to affected people.
	2	The Child/Youth accepts some responsibility for behavior but also blames others. May experience sorrow at being caught or receiving consequences. May express sorrow/remorse but only in an attempt to reduce consequences.
	3	The Child/Youth accepts no responsibility and does not appear to experience any remorse.

Question FS-9

MODULE: FIRE SETTING (FS)		
LIKELIHOOD OF FUTURE FIRE SETTING:		
This item refers to the likelihood this behavior will occur again in the future.		
Please rate highest level in the past 30 days .		
Is the child/youth able and willing to exert self-control over fire setting?	Rating	
	0	The Child/Youth is unlikely to set fires in the future. Child/youth able and willing to exert self-control over fire setting.
	1	The Child/Youth presents mild to moderate risk of fire setting in the future. Should be monitored but does not require ongoing treatment/intervention.
	2	The Child/Youth remains at risk of fire setting if left unsupervised. Child/youth struggles with self-control.
	3	The Child/Youth presents a real and present danger of fire setting in the immediate future. The child/youth unable or unwilling to exert self-control over fire setting behavior.